





# Chicago Medical Review

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AMERICAN MEDICAL ASSOCIATION.—The last meeting of this body was in point of numbers one of the most successful. St. Paul, as might have been expected, was most courteous and genuine in her hospitality, which included not only numerous receptions of the most liberal order, both in that city and at Stillwater, but gave to each visitor passes throughout all railroads north and west by which the holder was at liberty, with his family or friends, to go and to return, how and when it pleased him. The courtesy of St. Paul, while free from display, gave to each guest the unreserved freedom, not only of St. Paul, but of the entire new Northwest. The committee of arrangements have universal praise for the efficient, dignified performance of their duties.

THE judicial council perhaps could have consistently done nothing less than report against the admission of the New York delegates, because it is clear that no delegate is entitled to admission to a body whose laws he will not obey. The justice of the law had no essential bearing on the duty of that council. It had to act upon the laws as they were. The action of the council therefore is not necessarily hostile to the former action of the New York society, but furnishes rather a reason for calling in question the laws of the association. The signs of the times seem to indicate that we

are at the commencement of an agitation which may in time cause the profession to look at this whole matter of ethics from an ethical standpoint. The time may be distant, but never mind how distant if in time medical bodies will agree that each medical man is, or ought to be, able to determine for himself individually what he owes to the public, to his professional brethren and to himself. It would seem that under such an order of things culprits would suffer more severely by the unwritten law than they are now made to do by the written. It is hoped that this agitation of the code will not tend to the disintegration of the association unless it furnish something better in its place.

THE action of the association on medical education was not eminently honorable to a body which had shown such ethical tendencies. Despite the great influence of Dr. N. S. Davis, strong opposition was manifested to committing the association even to a moderate degree of decision on this question, so strong indeed that Dr. Davis moved a postponement of his own resolution. Just when the association will act on this question is probably a matter of natural selection and evolution.

THE resolution of Dr. Dennison respecting the use of the term "allopathist" might almost be considered truistic and therefore



eminently unnecessary. The opposition which was developed to this resolution in its earlier form showed that certain members evidently had the idea that the term was necessary to distinguish them from quacks, and so were opposed to declaration against its use. This conduct does not show a degree of intelligence creditable to the profession.

DR. DAVIS made a very judicious attempt to check the vagrant propensities of the Association by his motion to the effect "that after the next annual meeting the permanent interests and influences of this association would be best promoted by again holding every second meeting in Washington, as its home on common national ground and not as invited guests, while each alternate meeting should be held in such section of the Union as would be most useful in promoting the society organizations in all parts of our country." Local prejudices are too strong to be overcome at once, but this resolution is an entering wedge which may produce very beneficial results.

THE resolution of Dr. Gihon respecting the appointment of medical experts by the court instead of by the contending parties, which was non-committal enough, in the light of the political manner in which our courts are at present constituted, to have with great propriety been laid on the table as unfitted to accomplish its object, roused strong indignation, evidently born of the fear that it would deprive amateur experts of fees and advertising opportunities. The resolution which was passed might be considered as a joke. Would that it were intended as a joke. A mild joke is less discreditable than the inane platitude "that it is the sense of the American Medical Association that it will be conducive to justice and the dignity of the profession that medical expert testimony shall be given without having the appearance of being on behalf of either side, but to be stated simply

as facts." The extreme simplicity of this resolution seems to imply that the medical profession requires Sunday School literature for its guidance.

DESPITE many stupidities, inconsistencies and absurdities, the American Medical Association has at last recognized that certain evils exist, it has even made attempts at remedying them. Taking all these things into consideration, those of the profession who are moderately optimistic in their views may look forward to the next meeting with a degree of hope.

CONSISTENCY.—Dr. Eugene Grissom was elected a Vice-President of the American Medical Association at its St. Paul meeting. Dr. Eugene Grissom is a member of the Association of Insane Asylum Superintendents. This Association has, besides other homœopathists, as a member, Dr. Selden H. Talcott, Superintendent of the New York State Homœopathic Insane Asylum, President of the State Homœopathic Society. The Judicial Council of the American Medical Association excluded the New York State Medical Society delegates for having a code not in accord with the Association. This action was certainly defensible on the ground that until the law of the American Medical Association was changed, all members should comply with it, but then how much consistency is there in electing as vice-president one who is a member of a medical association which admits homœopathists and thus conflicts with the association's code. Certainly this does not show regard for the spirit or the letter of the law. Even the delegates of the Asylum Association could be admitted, although for the last six years it has contained homœopathic members. Such partiality is not justifiable on any ground. The American Medical Association should have excluded all members of the asylum association, or else admitted the New York society delegates. In either case its action would have been consistent.



**GASTRIC ULCER.**—Dr. L. Galliard (*Journal de Médecine de Bourdeaux*, May 28, 1882,) comes to the following conclusions: Simple or perforating gastric ulcer is not a specific affection, but owes its distinctive characteristics to the action of the gastric juice. It results from various causes. The three theories of its origin serve to explain certain cases. First: Rokitsansky's theory of venous stasis explains hæmorrhagic erosions of the stomach. Second: Virchow's theory of thrombosis or embolism causing obstruction to the arterial circulation, explains the existence of certain large and spreading ulcers and, probably, also the presence of certain latent ulcers. Third: Cruveilhier's theory of gastric inflammation serves to explain the origin of the vast majority of gastric ulcers, and, according to Dr. Galliard, has much clinical and pathological evidence in its favor.

**ACUTE RHEUMATISM AND HYPERPYREXIA.**—Drs. Coupland, Ord, Southey, Taylor and Weber, after an extended examination of acute rheumatic cases in which there has been marked hyperpyrexia, come to the following conclusions (*British Medical Journal*, June 3, 1882): First: Cases of hyperpyrexia in acute rheumatism appear to prevail at certain periods more than others. The relation between the prevalence of acute rheumatism and the existence of hyperpyrexia is not an exact one. Both are much more prevalent at certain periods than others. The rheumatism is most prevalent during the autumn and winter months, the hyperpyrexia during the spring and summer months of those periods. Second: The males are much more subject to rheumatic hyperpyrexia than the females. Age apparently has no influence. Third: Hereditary predisposition apparently is without effect. Fourth: Hyperpyrexia is much more frequent during the first attacks of rheumatic fever. Fifth: Hyperpyrexia is not necessarily accompanied by any visceral complications, but may itself be fatal. Its most frequent

complications are pericarditis and pneumonia. Sixth: Hyperpyrexia is the most frequent cause of death in acute rheumatism. Seventh: Neither articular affection nor abrupt cessation of perspiration is an invariable antecedent of acute rheumatism. Eighth: Psychic or nervous disturbance is frequently antecedent to, or simultaneous with hyperpyrexia. Ninth: The hyperpyrexia may occur between the fourth and the thirtieth day. Tenth: When death results, it is between the second and third weeks of the rheumatic attacks. Eleventh: Autopsy results are not of much value. Twelfth: The cold bath is the safest and best means of combatting hyperpyrexia, which should be early used. The temperature should not in any case be allowed to rise above 105° F.

**ALCOHOL FROM ACORNS.**—H. Dill (*Chemists' and Druggists' Bulletin*) has made experiments with acorns in the manufacture of spirits, and is satisfied that alcohol equal to that made from grain can be produced from them. The acorns are freed from the outer husk and ground finely, then they are mashed with malt and allowed to ferment in the usual manner. The analysis of the acorn, after the same was freed from the husk, gave the following result: Starch, twenty and twenty-eight one-hundredths per cent.; gluten, eighteen per cent.; tannic acid, two and eighty-six one-hundredths per cent.; fiber, seven and fifteen one-hundredths per cent.; water, fifty-one and seventy-one one-hundredths per cent.

**PRODROMATA OF PHTHISIS.**—Dr. Coiffier (*Lyon Médical*, December, 1881), is inclined to believe that when a clean tongue co-exists with a pulse of eighty-five it is an almost certain prodromus of pulmonary phthisis. When found in persons between eighteen and thirty years of age, who seem to be in excellent health, Dr. Coiffier regards such co-existent symptoms as evidence that tubercular deposit has already occurred.

**LUETIC IRITIS FROM AN ORAL CHANCRE.**—Dr. J. J. Chisholm (Maryland Medical Journal, June 15, 1882), reports a case of syphilitic iritis, resulting from an oral chancre. The patient, a modest young lady, being unable to determine when or how the disease had been contracted.

**QUININE IODATE AND BROMATE.**—Dr. C. A. Cameron (Dublin Journal of Medical Science, June, 1882), is inclined to believe that in these two drugs are to be found remedies of value. Quinine iodate has been found by Dr. Gordon, Porter, Tweedy and others of marked value in ill conditioned cases of syphilis; in certain cases of neuralgia and in pneumonia. It is given in drachm doses in pneumonia. Bromate of quinine has been found of value in hystero-epilepsy, and in certain cachetic conditions in two grain doses.

**SEXUAL EXCITEMENT AND WOUNDS.**—Dr. Poncet (Lyon Medecale) calls attention to the bad results of sexual intercourse during convalescence from injuries, operations, etc., and is inclined to believe that this may be an unrecognized cause of complications which occur in private practice. The sexual act produces a certain amount of shock which Dr. Poncet thinks is analogous to traumatic shock, which leaves the patient for a certain time after indulgence in a condition of "least resistance," during which he is especially susceptible to morbid influences. Some thermometrical experiments undertaken by an interne of the Lyons Hospital are quoted as to the influence of coitus in health. A thermometer placed in the rectum was carefully observed on nine occasions, and it was found that the temperature was always from five tenths to six tenths of a degree centigrade (nearly 1° F.) lower just after than before coitus. During the act the temperature rose slightly above normal. Dr. Poncet reports seven cases from his own practice, where complications have followed coitus. Four patients had lesions of the hand

or finger, going on well up to the sexual indulgence, which was quickly followed by pain and swelling of the injured part in one case, and by lymphangitis in three others, which went on to suppuration in two. In another case tetanus was attributed to disturbing effects of coitus, and in yet another, non-union of a fracture. In the latter case union took place when the man was removed from his mistress, who had been nursing him. In the seventh case death from pyæmia is referred to a similar exciting cause. The patient had undergone amputation of the thigh for an injury, and was away from any known septic influences. The wound was healthy and granulating, when on the eighteenth day after the operation he had intercourse. Rigors quickly followed, and death occurred five days later. A somewhat similar case is mentioned by Ollier. Dr. Poncet also refers to the adverse influences of sexual excitement in other diseases, notably diabetes and gout.

**DEATHS FROM ALCOHOLISM.**—The *Gazzetta di Napoli* is authority for the statement that the number of deaths from delirium tremens and chronic alcoholism are in Italy one and sixty-five one-hundredths per thousand; in England, two and four one-hundredths; Norway, two and thirty-six one-hundredths; Scotland, three and twenty-nine one-hundredths; Belgium, and Switzerland, each three and eighty-three one-hundredths; Sweden, six and twenty-five one-hundredths; and New York, twelve and eight one-hundredths. The English per centage seems disproportionately small, and the New York per centage relatively too large.

**IMPAIRED AMYL NITRITE.**—Mr. David Dott (Pharmaceutical Journal and Transactions, January, 1882), calls attention to the bad quality of some specimens of commercial amyl nitrite. Some of these are entirely valueless, and many failures in the effects of the drug are to be traced to the use of such impaired specimens.



**SULPHUROUS ACID IN TYPHOID.**—Dr. J. Burney Yeo (Practitioner, June, 1822) has tried sulphurous acid in typhoid fever with, he believes, good results on the temperature curve, but without effect upon the other symptoms of the disease. The drug was given in half drachm doses every four hours. Dr. Yeo concludes that "sulphurous acid seems to be a drug of some value as an antipyretic in typhoid fever, but upon the intestinal lesions it is without influence like other remedies."

**TEMPERATURE AND OPIOPHAGISM.**—From an extended observation of a large number of morphine users, Dr. H. H. Kane (American Journal of Stimulants and Narcotics, June, 1882), is inclined to believe that in the ordinary habitué the bodily temperature remains at or below the normal, save in those cases where the drug has exerted a marked influence in producing symptoms simulating those of ague. The case may take on the quotidian, tertian, quartan, double quartan, or indeed, any type of ague. In these cases the temperature rises during the attack from one to five degrees to fall subsequently during the sweating stage.

**THE BRAINS OF CRIMINALS.**—For a subject that has so little of the so-called practical, criminal cerebrology, is being rather extensively studied. Such study is, however, not at all systematized, and it may be said from the sociological and anthropological standpoint, not scientific. It must be obvious that there are various types of criminals. Some are criminals simply in consequence of their organization, and others in consequence of the motives offered them to become criminals. The authorities who have studied criminality from the anthropological, sociological and psychological standpoint, like Lacassagne, Kräpelin, Ferri and Lebon, divide criminals into criminals insane or semi-insane; criminals born so, who constitute an atavistic variety of the race; habitual criminals who are so

from education; criminals from passions, and criminals on occasion. It will be obvious that guided by such divisions valuable results might be obtained from researches on criminal brains. The first, second, and perhaps fourth class have a somatic basis for their crimes, but no such basis need be expected in the third and fifth classes by far the most numerous. No attention has, however, been paid to any classification; a criminal is a criminal simply because he has committed a crime. That contradictory results might be obtained under such circumstances, is just what was to be expected. To such an absurd extreme has this been carried that Ferrier (Brain, April, 1882,) has reported studies on the brain of a lunatic, who committed crime as an incidental result of insanity, as being made on the brain of a criminal. The subject is of interest from many standpoints. It has not been studied from a scientific spirit, but only because of its sensational character.

**AMERICAN JOURNAL OF STIMULANTS AND NARCOTICS.**—The first number of this new monthly journal is just at hand, and presents a good appearance. It contains original articles by Drs. W. A. Hammond and Beard, beside a number of editorials, reviews and notes relating to the various stimulants and narcotics, of great value from a practical standpoint. The Journal is edited by Dr. H. H. Kane, of the De Quincy Home. The subscription price is two dollars per annum.

**CARBOLIC ACID IN YELLOW FEVER.**—Dr. Lacaille (La Independencia Medica, January 28, 1882,) is of opinion that he has secured good results in twelve cases of yellow fever from carbolic acid given per ore and hypodermically. In one of the cases black vomit had appeared, but the patient recovered under the use of carbolic acid. Dr. Lacaille claims that the treatment has proven successful in three days, but it may have to be continued seven.



PROVINCE OF AN EXPERT.—It has been recently held in the Wisconsin Supreme Court (North Western Reporter, May 27, 1882,) that though an expert may be permitted to state what consequences might result from certain injuries, he cannot state that they did so result in the case on trial, that being the province of the jury to determine. An expert in a rape case in which this decision was given, stated that he had examined the genital organs of the prosecutrix and found them inflamed, such inflammation being the result of a rape. On cross examination he was forced to admit that the inflammation might also have other causes than rape.

VARIOLOUS EYE DISEASE.—Dr. M. D. Makuna (British Medical Journal, June 3, 1882,) says eye complications in variola occur on the lids, conjunctivæ and cornea. The pustules on the eyelids may be found between the eyelashes where they occasionally cause madarosis (loss of the eyelashes), on the margin of the palpebral conjunctiva, where they may obliterate the Meibomian gland ducts or cause entropion, or produce closure of the eyelids resulting in temporary loss of sight. The eyes should be bathed in warm water frequently, and the lids prevented from sticking together with a drop or two of castor oil. When the vesicles mature, they should be opened with a fine, flat needle. Conjunctivitis variolosa occurs in eight per cent. of the cases usually during the first six days of the eruption. Chemosis occurs in one per cent. of the cases, more frequently in hæmorrhagic variola. Purulent ophthalmia is not frequent in variolous cases. Zinc sulphate lotion (three grains to the ounce) answers well in mild cases. In slightly severe cases, silver nitrate lotion (one grain to the ounce) answers well. Where the phlyctenular vascularity is small, deep and circumscribed, dusting in calomel yields good results. When associated with lid redness and thickening, ung. hydrarg, subflava is of value. Severe muco-purulent cases usually yield

to silver nitrate solution (ten to twenty grains to the ounce.) In chronic inflammation, copper sulphate lotion (three to five grains to the ounce) is very useful. In obstinate cases blisters behind the ears answer very well. Potassium iodide solution (three grains to the ounce) answers where blood has been effused to produce absorption. Variolous corneitis is an inflammatory affection, and occurs in one and seven-tenths per cent. of the cases. It begins at the surface of the cornea which looks dull, dry and uneven. Sometimes the superficial layer is raised so much as to resemble a vesicle. This results in a white spot which grows in extent and may be attended with photophobia. It results as a rule in recovery. Partial staphyloma and prolapse of the iris may result. In rare insidious, and neglected cases, total staphyloma, acute glaucoma and suppuration may result. The lens occasionally escapes through an opening produced by suppuration. Atropia is of great value. Eye protectors are at times needed to keep the eyes at rest, in children.

VARIOLA AND VACCINIA.—Dr. R. D. K. Sweeting (British Medical Journal, June 3, 1882,) reports thirty-three cases in which vaccination was performed during the existence of small-pox, and resulted in vaccinia. He concludes: First: That primary vaccination after definite exposure to small-pox should be performed within three days and in four places to ensure a slight uncomplicated attack and rapid recovery. Second: Revaccination should not be delayed beyond the fifth day after such exposure in order to ensure a discrete attack and rapid recovery.

ARTIFICIAL CARDIAC LESIONS. — Dr. Franck (Le Progrès Médical, May 27), found that after producing in a dog artificial tricuspid regurgitation, the results of the lesions so produced were markedly similar to those found in men suffering from tricuspid regurgitation.

**SUGAR IN PLEURITIC EXUDATIONS.**—Dr. Eichhorst (*Centralblatt fuer die Medicinischen Wissenschaften*), having noticed the gradual formation of sugar in a pleuritic exudation at first free from it, was led to examine more closely the pleuritic exudation in seventeen cases subsequently coming under his observation. The exudation in ten cases, on being drawn off by aspiration, was found to contain sugar. In two neither sugar nor the sugar formative was present. In two cases the sugar formative was destroyed by boiling. On boiling the exudation with sodium sulphate, allowing it to cool and filtering, the resulting filtrate yielded a violet blue reaction with iodine. The absence of this reaction was significant of the absence either of sugar or of the sugar forming body.

**JOURNAL OF NEUROLOGY AND PSYCHIATRY.**—The May number of this Journal contains Dr. Spitzka's paper on the "Pathology of Insanity," already reported in abstract by the New York correspondent of the Review. Dr. W. P. Verity's on "Insanity from Traumatism," Dr. W. R. Birdsall's paper on lead poisoning and a very complete report of the Neurological, Medico-Legal and Chicago Medical, Societies. There are the usual and interesting reports on current literature, editorial comments, appendix on American psychiatric literature, reviews, etc. The "Somatic *Ætiology of Insanity*" continues to appear as a supplement, and is certainly a valuable addition to psychiatric literature.

**MANUFACTURE OF MONSTROSITIES.**—An English surgeon, named Dr. Harper, not a great many years ago kept an establishment for the manufacture of monstrosities. One of his specialties was twisting a child's head in an apparatus of his invention, so as to look over one of its shoulders; after three months of the treatment, the head would never resume its original position. Another was to break a baby's arm in half a dozen places, and then, when the

limb was as pliable as india rubber, to tie it into a huge knot. It may be imagined what effect this knot must have produced upon the public, and what receipts were realized by its exhibition. More horrible was another operation which this man undertook, but as it was dangerous, it cost too much ever to have been extensively practiced. By welding two children together, he would take a slip of flesh out of the side of the back of each and then stick the wounds together; he produced Siamese twins to order. Another specialty was grafting rats' tails on a human face, and in this he seldom failed. A circumstance connected with the surgical establishment, which is almost comical, was that the doctor was very careful to teach his subjects, after they had recovered from the operation, a certain number of accomplishments, such as music, dancing, and the rudiments of French or Italian, and was especially strict about their observance of the Sabbath. The following items from his catalogue of prices to showmen, to whom was allowed a considerable discount whenever they furnished the subject, are of interest: A pair of Siamese twins, \$750; a hump-backed dwarf, \$500; a male and female dwarf (the pair), \$875; a twisted head, \$200; a rat-tailed child, \$300.

**EXPERT EVIDENCE.**—In a recent murder trial in Wisconsin, in which the evidence was circumstantial, an expert testified that (North Western Reporter, May 17, 1882,) he had made a comparison of hair taken from the head of the deceased with hair found with blood upon a wheelbarrow belonging to the accused. The comparison was based on his experience, he having made a very careful study of hair. The hair was precisely the same in length, magnitude, color and every other respect, and was from the head of the same person. Any person could have told it as well as himself. The Supreme Court very sensibly decided that in such case, expert evidence was not to be considered of value.



**RHUS TOXICODENDRON.**—Dr. C. W. Leffers, Lubeck, West Virginia (Medical Brief, June, 1882), claims that, the external use of a solution of sulphate of iron has never failed to cure the eruption produced by rhus toxicodendron.

**SODIUM NITRITE IN EPILEPSY.**—Guided by a fancied analogy between amyl nitrite and sodium nitrite, Dr. W. T. Law (Practitioner, June, 1882), has been led to try the latter drug in epilepsy. He gave it in twenty grain doses three times a day in a case which had proven very unyielding to all other varieties of treatment. The effect produced is said to have been very remarkable. A peculiar odor is said to be produced by the drug. The result seems to warrant further trial of the remedy.

**IODINE** was formerly only known as a product from marine sources; the algæ were burned, and from the ashes the iodine was extracted. For only a few years it has been known to exist, says the Chemist and Druggists' Bulletin, in combination with copper, and from Chili is now received almost the entire stock of iodine. During six months of 1881 no less than one hundred and twenty-four tons were received from this source alone. Iodine and its compounds are now cheaper than ever before.

**FAT AND OLD AGE.**—L. Langer has recently been engaged in the comparative analysis of human fat at different ages. He finds that infant fat is harder than that of adults or old men; that there are oil globules in their fat, but none in that of babies. The microscope shows one or two oil globules in every fat cell of the adult, while very few have fat crystals. The fat cells of the infant contain no oil globules, and nearly every cell contains fat crystals. "Infant fat forms a homogeneous, white, solid, tallow-like mass, and melts at forty-five degrees centigrade," while adult fat standing in a warm room separates into two

layers; the lighter and larger is a transparent yellow liquid which solidifies below the freezing point of water; the lower layer is a granular crystalline mass, melting at ninety-six degree Fahrenheit. Infant fat contains sixty-seven and seventy-five one-hundredths per cent. of oleic acid; adult fat eighty-nine and eighty one-hundredths. Infant fat contains twenty-eight and ninety-seven one-hundredths per cent. of palmitic acid, against eight and sixteen one-hundredths in the adult, and three and twenty-eight one-hundredths of stearic acid against two and four one-hundredths.

**KALIUM BROMIDE IN CHORDEE.**—Dr. Combillard (Courier Médical,) claims good results in gonorrhœal chordee and priapism from the injections of potassium bromide. He used the following formula:  $\mathcal{R}$  Kali bromide, 3jss; tr. opii, 3ss; glycerinæ, 3ij; aquæ,  $\mathfrak{z}$ v. M. The injections were given four times daily, the last just before bedtime, the liquid being allowed to remain one or two minutes in the urethra. In fifteen out of twenty cases the priapism and chordee soon diminished and thereafter very rapidly disappeared.

**PARACENTESIS CRANII IN HYDROCEPHALUS.**—Mr. H. P. Dunn (Lancet, May 13, 1882), is inclined to believe that: First: Paracentesis cranii is indicated in all cases of acute and chronic hydrocephalus in which, medicinal treatment having failed, the patient is clearly suffering from the increase of the fluid, and life is threatened. Second: It is the only means by which life can be prolonged, even if, by its performance, the disease is not arrested. Third: All the fluid which can be obtained should be withdrawn. Fourth: The operation may be required to be repeated should a recollection of the fluid be followed by a return of the symptoms which rendered its previous performance necessary. Fifth: The risk associated with the operation is almost nil, if carefully performed. Which is somewhat opposed to the general opinion.



PHARYNGEAL ANÆSTHESIA.—Dr. Du Cazel (*L'Union Médicale*, January 8, 1882), claims that tincture of coca is a good means to use to secure local anæsthesia of the larynx and pharynx.

ECZEMA OF THE ANUS.—Dr. J. Ashworth, New Point, Missouri (*Medical Brief*, June, 1882), claims to have had good results in eczema of the anus from a combination of juglans cinerea and Fowler's solution.

NEW METHOD OF TREATMENT.—One of those motherly old negro nurses whose skill is so often extolled, persuaded a Grand Rapids woman to skin a black cat and wrap her baby, ill with diphtheria, in the hide. The child died.

A NEW ANTIPYRETIC.—Macalline, an alkaloid obtained from the bark of the macallo, a tree which grows in Yucatan, is recommended by Dr. Rosado as superior to quinine in the treatment of intermittent and remittent fevers.

INSANE ASYLUM TRAGEDY.—A convict on being transferred from the Onondaga penitentiary to the Utica Insane Asylum, was not properly guarded, and in consequence killed one of the patients. Tragedies of this kind are becoming somewhat too common.

ANIMAL CHARCOAL IN ECZEMA.—Dr. O. C. Chatterjee (*Indian Medical Gazette*, April 1, 1882), is inclined to believe that he has found a specific for eczema in animal charcoal freshly prepared in form of an ointment. In vesicular eczema confined to the extremities, it has been useful.

LEIDY MEMORIAL.—Several prominent Philadelphians are seeking to raise a testimonial fund of one hundred thousand dollars for Dr. Joseph Leidy, of the University of Pennsylvania, designing that at his death it shall be applied to the maintenance of a Leidy Chair of Anatomy at the University.

Dr. Amède Latour for thirty years editor of *L'Union Médicale*, has resigned the position and Dr. Richelot has been chosen editor.

CHLOROFORM POISONING.—Dr. James Oliver, Birmingham, England (*British Medical Journal*, May 27, 1882), reports a case in which a patient swallowed three ounces of chloroform and entirely recovered, after coma of seven hours' duration.

AVENA SATIVA IN OPIOPHAGISM.—After an extended trial of the much be-praised *avena sativa* as a cure for opiophagism, Dr. Kane (*Journal of Stimulants and Narcotics*, June, 1882), has found that it not only does not produce any permanent beneficial results, but also that it does not in any way modify the symptoms of abstinence. In certain neuroses in which it has been tried it has totally failed to prove itself of service.

VACCINIA FROM MILK.—Dr. J. T. Harris, Boston Mass., (*New England Medical Gazette*, June 1882), reports a somewhat exceptional case. The mother of a seven months old babe was vaccinated; five days after this the mother had "headache, backache, fever and chill." The child on this day became restless and feverish. On the day following there were a number of little red pimples noticed upon its body. Two days after the child had a temperature of 102°. On the fifth day there were vesicles formed, more or less filled with lymph, some of which were umbilicated. On the sixth, seventh and eighth days the eruption became more or less confluent. By the seventeenth day the eruption had disappeared, leaving some pitting. Dr. Harris considers the case one of vaccinia produced through the milk. The crucial test of inoculating from the vesicles was not made. It is therefore somewhat probable that it was an eruption from digestive disturbance produced by milk given by a mother suffering from fever, especially as the child is said to have been eczematous.

**URETHRAL PROLAPSE IN A YOUNG GIRL.**—Dr V. Ingersley (Cincinnati Lancet and Clinic) reports the case of a girl, ten years of age, who attempted to stop laughing by stuffing a handkerchief into her mouth. She immediately had a sensation of something beating between her thighs, and afterward felt something not there before. The labia were separated by a reddish blue tumor, the thickness of the end of the index finger, about a centimetre in length, with an opening at its free end. There was a frequent desire to urinate. The mucous membrane was easily reduced under chloroform, but gradually reprotruded. Reposition was effected, tannin was applied and the vagina was tamponed. Prolapse again occurred. A soft catheter was then introduced, passed through a cork which was secured close to the urethral orifice. The prolapse still recurred. The protruded portion was then cut off and four sutures were passed, so as to sew the urethral orifice to the mucous membrane of the vulva, and a soft catheter introduced. The sutures were removed in eight days, at which time there was no prolapse. Ten days later, another prolapse one centimetre in length, occurred. This was cut off without suturing, and no catheter was introduced. Eight days later the wound healed and the prolapse has not recurred.

**JABORANDI IN PRURITUS.**—Dr. L. Putzel (Journal of Nervous and Mental Diseases, April, 1882,) reports that a case of pruritus and urticaria which had obstinately resisted all previous treatment, yielded to five minims thrice daily, of fluid extract of jaborandi. The disease always recurred when the treatment was discontinued. For many reasons, jaborandi would seem likely to be of value in such conditions.

Dr. Stephen Smith has been appointed State Commissioner of Lunacy in the State of New York. The appointment is in many respects an excellent one.

THE New Jersey State Medical Society at its late meeting, May 23, after a lengthy discussion, decided to admit the delegates from the New York State Society, by a two-thirds vote.

**JOURNAL OF NERVOUS AND MENTAL DISEASE.**—The April number of this Journal contains original articles on: "The Needs of the Insane in the United States," by Dr. C. L. Dana. "Action of Hyoscyamine," by Dr. J. C. Shaw. "Hemichorea," by Dr. L. Putzel. "Education and Insanity," by Dr. F. M. Turnbull. "Acute Mania and Hepatic Abscesses," by Dr. G. M. Hammond. "Causation of Inebriety," by Dr. T. D. Crothers. "Contributions to Psychiatry," by Dr. Jas. G. Kiernan. "Tumors of the Encephalon," by Dr. W. R. Birdsall. "Hystero-Epilepsy," by Dr. A. B. Arnold. "Colony Treatment of the Insane," by Dr. W. J. Morton. There are beside, the usual periscope, reviews, and editorial matter and society proceedings.

**HONORS TO MEDICAL MEN.**—According to the Medical Press and Circular, M. Dumas, perpetual Secretary to the French Academy of Sciences, has received instructions from the Minister of the Interior to make out a list of all the savants who have died or been maimed while performing experiments or making researches in the interest of science. The intentions of the Government are to grant a pension to the widows and children of these savants or to those who have been injured. The list will be a long one. The French Government will no doubt take into consideration the cases of those medical men who have died while attending diphtheria or fever in the Paris hospitals, and who have perished in experiments with drugs on themselves, or who have in any way risked their lives for the good of humanity, will not be forgotten. France, to her credit, honors her medical men. Her Senate, her House of Deputies, are open to them; her decorations are bestowed upon them.



## LOCAL.

## COLLEGE OF PHYSICIANS AND SURGEONS.

At a meeting of the faculty of the College of Physicians and Surgeons held in the Sherman House, June 20, Dr. T. A. Keeton, M. D., was elected to the Chair of Genito-Urinary Diseases, and Dr. C. C. P. Silva to that of Materia Medica and Therapeutics.

## COUNTY HOSPITAL.

Drs. McWilliams, Steele, and Rea, of the College of Physicians and Surgeons; Drs. Sarah Hackett Stephenson, Marie J. Mergler, and David W. Graham, of the Woman's Medical College; Drs. Moses Gunn, Charles T. Parks, and Norman Bridge, of Rush Medical College, have been elected members of the medical staff of the County Hospital for the ensuing year. At the next meeting of the County Commissioners the choice of Dr. Graham was reconsidered, as many of the commissioners thought it best that the Woman's Medical College be not represented except by female physicians. The recommendation of Drs. Danforth, Fenger and Hollister, of the Chicago Medical College, as representatives of that College, on the County Hospital Medical Board was approved. Drs. Lee, Murphy, Gueria, Jacobson and G. P. Cunningham were elected as representatives on the County Hospital Medical Board, of the non-collegiate physicians. The representative of the homoeopaths has resigned.

## NATIONAL BOARD OF HEALTH.

Under the superintendence of Dr. J. H. Ranch the emigrant inspectors have thus far inspected about twenty thousand emigrants. About three hundred of these were found to need vaccination. Sometimes it has been noticed that the emigrant has been vaccinated in Europe just before leaving. This vaccination has, however, been apparently without result. On being again vaccinated during their progress to the United States, the first vaccination has been ap-

parently stimulated and the patient presents two well-marked vaccine pustules. The methods adopted by the surgeons of the steamships have not unfrequently been peculiar. The arm has been scarified with four parallel scarifications distant about one-third of an inch, which threatened to result in a rather large cicatrix. This system of extended scarification in some cases proved to be a complete failure. The inspection is much too recent to have produced decided effects, but there are surely certain indications of its influence on the decrease of variola in the city. The amount of emigration seems to be slightly diminishing, but such diminution is in all probabilities but temporary.

ETHYL ALCOHOL AND ABSINTHE.—The effects of ethyl alcohol and of the essence of absinthe on the motor functions of the of the brain, has been dealt with by M. Danillo. No essential difference of influence was traced between the action of ethyl alcohol in strong doses and that of other anæsthetics and narcotics, as ether, chloral, morphine, etc. When the absinthe essence was administered there was first a tonic effect; second, a clonic display, when violent spasms alternated with great relaxation; third, choreiform symptoms of a peculiarly distressing nature; fourth, a delirium state, and fifth, a period of resolution. Generally the poisoning by absinthe is like that produced by strychnine except as to the existence of delirium.

TENDON REFLEX IN SECONDARY SYPHILIS.—Dr. Finger (*Vierteljahrschrift für Dermatologie und Syphilis*,) claims that in every case of secondary syphilis coming under his observation a decided increase in cutaneous and tendon reflex excitability exists. Reflex excitability falls very much below normal after a time. The normal condition of things return but slowly. Relapses of the eruption are followed by changes in the tendon reflex excitability. These observations are of special interest.

## ORIGINAL CONTRIBUTIONS.

*VACCINATION AMONG THE INSANE.*

BY M. J. MADIGAN, M. D., BROOKLYN, N. Y.

Formerly Assistant Physician New York City Asylum for the Insane.

During the year 1875, two cases of variola suddenly made their appearance among the patients of the New York City Asylum for the Insane. It was rendered necessary, in consequence, to vaccinate the six hundred and fifty-seven patients therein resident. To do this, was, of course, a matter of some difficulty. There are numerous delusions which render vaccination difficult, since the patients would believe that they could be poisoned by this means. One patient, indeed, evolved the curious delusion that his enemies had chosen this means of introducing spermatozoa into his system, and thus impregnating him. These delusions, although interesting from a psychiatric standpoint, are not those to which I wish to direct special attention.

In the portion of the asylum under my charge, were congregated progressive paretics, cases of melancholia attonita, acuta and agitata, of chronic intellectual insanity with depressing delusions, terminal dementia and cases of hebephrenia (insanity of puberty). All of these were vaccinated, and the phenomena therefrom resulting might be divided into four great classes. First: Those in which the vaccination exerted a beneficial effect upon the pre-existing insanity. Second: Those in which it unfavorably influenced this. Third: Those in which dangerous complications resulted and finally those in which dermic phenomena were present; these were exceptional.

The types of insanity in which the vaccination exerted the most marked favorable influence were cases of melancholia attonita and agitata, progressive paretis, a few cases of acute melancholia, some cases of chronic intellectual insanity, and chronic mania with incoherence. In all of the cases wherein such influence was exerted the vaccination was followed by a high fever and marked general constitutional disturbance. There was a pretty general eruption resembling variola. On the fever subsiding (in at least ten cases it reached 102° F.), the patient, if a melancholiac, was much more cheerful and occasionally delusions of persecution seemed to be

temporarily in abeyance. One case permanently recovered and as it had exhibited no change previous to the vaccination, it is by no means impossible that this exerted a marked influence. The cases of progressive paresis were attacked by boils soon after recovering from the vaccination, and were for a short time rational, but the physical symptoms of the disease remained unchanged. The cases of melancholia agitata were quiet and cheerful during the constitutional disturbance from the vaccination, after it had passed away all but two returned to their usual condition. These two improved from this time, and finally recovered. Three cases of chronic intellectual mania were markedly quiet and talked relatively rational during the vaccinal fever. Four cases of chronic mania with incoherence talked coherently and relevantly during the vaccinal fever, but resumed their usual condition on recovery. In a large number of cases the vaccination exerted a decidedly unfavorable result. Delusions of infection with syphilis, of loss of identity, of paralysis, of poisoning, and in several cases, of infection with small pox were found to be much more frequent after the vaccination. One case of a new delusion has been already mentioned. In the progressive paretics certain trophic changes made their appearance. The toe nails in four cases dropped off. In one case hæmatoma auris made its appearance during the vaccinal fever. In a case of syphilitic progressive paresis the luetic affection seemed to take on a malignant type. Three cases of melancholia attonita who had markedly deficient capillary circulation, suffered from gangrene of the toes and fingers in consequence of vaccination. There were formed in a few cases of progressive paresis large bullæ, which subsequent gave way to ulcers of a very indolent type. In two cases of progressive paresis apoplectiform attacks came on during the vaccinal fever. In ten cases of progressive paresis large abscesses made their appearance after the vaccinal fever had subsided, on the seat of the pre-existing vaccinal eruption. In one case the hair of a progressive paretic became gray on one side of the head, while the eruption from vaccinia remained confined to the opposite side of the body. Two cases of melancholia attonita which were suffering from phthisis seemed to be disastrously influenced as regards the pulmonary affection which had been previous-



ly running its course without marked febrile disturbance, but thereafter had marked rises in temperature. One case of melancholia acuta displayed symptoms of diabetes during his attack of vaccinia, which, however, vanished on recovery. The dermic phenomena displayed by the patients during the existence of vaccina were very varied. In some cases the eruption (which in at least forty-two was generalized) displayed a tendency to appear in patches of two or three pustules. In others there was a tendency of the eruption to follow the course of a nerve. In other cases the former places of vaccination exhibited pustules which began soon after, and ran about the same course as the pustules of vaccination. As will be seen by this brief account vaccinia proved capable of producing good and ill effects among the insane; a peculiarity it shares with many other febrile affections. In writing this paper I intended to suggest a new field of enquiry rather than draw dogmatic conclusions.

## CORRESPONDENCE.

### *AMERICAN MEDICAL ASSOCIATION.*

ST. PAUL, MINNESOTA, June 12, 1882.

The meeting at St. Paul has been exceeded in numbers and interest only by that of New York. The hospitality of St. Paul equalled if not exceeded that of any city which the association has yet visited. The Association was called to order and after the usual opening ceremonies, Governor Hubbard delivered the Address of Welcome. Protests against admission of the New York State Medical Society delegates were then read and referred to the Judicial Council for action.

An appeal was received and laid before the judicial council from Dr. J. C. Colton against the action of the Pennsylvania Society, and a protest against the admission of Dr. Joseph Nevill of Omaha.

Dr. A. J. Stone then read a report from the Committee of Arrangements.

Dr. P. O. Hooper delivered the President's Address:

"Gentlemen of the American Medical Association: A letter received some weeks ago, from our President, Dr. J. J. Woodward, conveyed the sad intelligence that he would be unable to meet with us on this occasion, by reason of physical infirmity. We all feel a keen disappointment in the

absence of one so eminent, whose gifted intellect and matured experience have been acknowledged and appreciated not only by those who have been intimately associated with him in the army, but by all who have enjoyed his fascinating society, or possessed a share of his warm friendship. By reason of this unexpected and regretted absence, I find myself called upon, as first vice-president, to preside over your deliberations. It is not surprising, if with much diffidence I enter upon these delicate duties under circumstances of accident."

The doctor then alluded to his predecessors in office, and to the royal welcome which St. Paul had given the Association. He said further:

"To-day we commence the thirty-third annual meeting of this association. A generation of mortals have been born, lived and passed away since the meeting of the convention which recommended the formation of this body. Most of those great spirits who inaugurated this enterprise, and gave form and substance to the ideas there entertained, can mingle with us no more forever. A few, upon whom 'age sits with decent grace,' still remain, revered for their wisdom and experience; and among these facile princeps is he (Dr. N. S. Davis), to whom more than to any other individual we are indebted for our permanent foundation, and without mention of whose name there could be no appropriate reference to our beginning.

"We have reached a natural resting place, where we can pause and look back, and take account of our journeying and our progress. The bounds of the horizon of investigation have been stretched out. The fierce light of truth has disclosed the harmless nature of many a veiled superstition. Much regarded for centuries as but the dream of philosophers has proven reality. Predictions never supposed to be aught but theories have been verified. The chains and bolts of formalism have been broken; and the devotees of science have pushed their explorations with audacious courage in every direction."

He then alluded to the general progress of science, and to the patient spirit displayed by modern investigators. He also called attention to what had been done by the Association in fostering science. He alluded to the importance of journalizing the transactions. The influence of the Association on sanitary laws was then briefly



sketched. The work of the National Board of Health was briefly outlined and the following allusion made to medical charity.

"At various times the attention of physicians has been called to the propriety of efforts for the relief of their medical brethren, disabled and helpless; and especially for assistance to the widows and children of those of them, who, after lives of sacrifice and exposure and danger, die leaving no legacy to their families but the sweet-smelling record of their unselfish lives. We see the contrast around us, in the establishment of aid societies by their professions, and the numerous benevolent societies, notices of which daily crowd our newspapers. Without amplifying the subject, it seems to me that a deliverance upon it, setting forth its advantages and devising a common scheme for operation, might be the means of accomplishing much good and removing an ever-present anxiety from the life of many a struggling brother."

Alluding to the Code of Ethics, he said:

"One mistaken movement would involve us in a whirl of inconsistencies, tending to place us in a false attitude and bring dishonor upon the profession. The broad lines of demarkation between the irregular and the true physician should never be obliterated. Our association stands prominently forth in its high purposes, and its means of accomplishing these purposes are distinctly enunciated."

He then in fitting terms called attention to the deaths of certain prominent members of the Association. Letters of regret were then read, also certain resolutions of the Woman's Christian Temperance Union. An invitation from Atlantic City, New Jersey, was read and referred. The invitation occasioned some satirical remarks, not in the best taste possible, from Dr. Shoemaker, on the poverty of New Jersey. Dr. J. H. Packard, of Philadelphia, read the report of the Committee on Journalizing the Transactions, which advised that two thousand subscribers be secured before any decided action be taken, that the name of the journal be "The Journal of the American Medical Association;" that the subscription price to non-members be \$6. The question of the right of permanent members versus the right of States to vote was raised, and after an eloquent speech by Dr. N. S. Davis, sensibly decided in favor of States' rights.

Dr. Dennison, of Colorado, offered the following resolution, which was adopted:

Resolved, That no action of this association, either in its code or its annual meetings, shall be construed to commit members of the American Medical Association to the adherence of any dogma, and members should have a care not to allow their names to be erroneously registered as allopathists, etc., in State and city registration of physicians.

Dr. Ochterlony then delivered an address in which he said: Labor is not in a circle, but progressive, and labor in medical science has progressed rapidly, especially in more recent times. As new ideas have been evolved and new discoveries made, new names have been coined, until medical nomenclature is almost perfect. There has been more progress in this science in the past twenty-five years than in the two thousand five hundred years preceding. It must take things as it finds them, and not as it would have them, and deals with facts as they arise. The practice of medicine has undergone a complete revolution, it is not to-day what it was one hundred years ago. In 1827 renal disease was not understood until Bright directed attention to it, and thus created a new era in medicine. There are few diseases more striking than exophthalmic goitre, and yet until 1835 humanity had suffered more or less from it without physicians being able to determine what it was, and the method of treatment. These are sufficient illustrations to indicate the progress of the science in the last century, but it would require volumes to give all the advancement in each specific line. The medical history of the nineteenth century has yet to be written.

New knowledge crystallizes into general law slowly. The foundations on which we are building were laid by those who preceded us. Vesalius, Servetus, Harvey and Knox form a bright galaxy whose contributions to medical lore will survive the ages, while many whose names have never been inscribed on the roll of fame have bequeathed to us the best of their knowledge. Were a star to be blotted out now, its light would still reach us through the lapse of years; so when a good man dies the light from his life is seen for many years after he passes away.

To more fully illustrate the subject, Dr. Ochterlony mentioned several diseases in which the practice of medicine has been either modified or revolutionized. In further illustration, inflammation was described as being first defined as "a morbid



state, in which the parts seemed to burn." This term, however, has almost lost its value as a scientific one, being applied to so many things, to which it has no real application. Afterward it was defined as consisting of four distinct elements, to which in later years was added a fifth; but the whole theory was overthrown when the circulating system was understood. It is now known that vascular disturbance does not in itself cause inflammation, but tissue disturbance is sufficient and in most cases is the exciting cause.

The brilliant workers in neurology have not labored in vain, and nervous diseases of the most intricate forms are successfully treated. Pulmonary consumption is no longer the dread disease it was once considered, and its duration has been doubled by modern treatment.

"The lancet," someone has said, "is a little instrument of mighty mischief." But what the lancet was in former years to medical practitioners, the microscope is now to medical investigators, and its wonderful revelations in the infinitesimal world have kept pace with the revelations of the telescope in the starry world above us. Disease has been analyzed and its causes made known. Leprosy has been shown to depend on a parasite. Scarletina and diphtheria fall in line under the same classification, being caused primarily by microscopic germs. Malarial diseases were long referred to an element so subtle as to elude the detection; but the same mighty instrument has shown that these disorders are due to a peculiar parasite found only in malarial spots and nowhere else. Were the medical world to-day to dispense with the microscope and the vast amount of knowledge obtained through its use, a great part of our knowledge of disease and the proper method of treatment would be taken away from us.

Dr. Ochterlony concluded his address by expressing the hope that in years to come a Newton in medicine would be found who would do for it what Isaac Newton did for Astronomy.

The Judicial Council through their Chairman, Dr. N. S. Davis, reported in favor of the admission of the Nebraska delegates. In regard to the resolution concerning the use of certain remedies controlled by a patent copyright or trademark, which was reported from the section on practice of medicine, materia medica, and by the association referred to the judicial

council last year, the council had decided that inasmuch as the resolution includes matters not referred to in the Code of Ethics, and said code contains all that is necessary for the guidance of the medical profession, therefore the resolution should not be adopted by the Association.

In regard to the protest against the admission of delegates from the New York State Medical Society, which was referred to us, the judicial Council decide as follows: Having carefully examined the Code of Ethics adopted by the New York Medical Society at its annual meeting in February, 1882, as furnished us by the Secretary of said society, the judicial council find in said code provisions essentially differing from and in conflict with the Code of Ethics of this association, and therefore, in accordance with provision of rule 9, of the by-laws of this association, decide unanimously that the said New York society is not entitled to representation in the American Medical Association.

Dr. H. O. Marcy, of Boston, then read an interesting and well-illustrated paper on "Uterine Tumors." The following officers were elected: President, Dr. J. L. Atlee, Pennsylvania; First Vice-President, Dr. E. Grissom, North Carolina; Second Vice-President, Dr. A. J. Stone, Minnesota; Third Vice-President, Dr. J. A. Ochterlony, Kentucky; Fourth Vice-President, Dr. H. S. Orme, California; Secretary, Dr. Atkinson, Pennsylvania; Treasurer, Dr. R. J. Dunglison, Pennsylvania; Librarian, Dr. W. Lee, Washington; Members of Judicial Council, Drs. N. S. Davis, J. M. Brown, X. C. Scott, M. Sexton, N. C. Husted, W. Lee and J. E. Rivers. Cleveland was elected as the next place of meeting. Drs. L. A. Sayre, J. M. Toner, J. F. Pratt, R. J. Dunglison, R. Battey, W. F. Peck, and H. O. Marcy were on motion of Dr. Davis, appointed a Committee to take action with regard to Journalizing the transactions. A resolution from the Committee on State Medicine respecting the appointment of experts by the court, was advisedly rejected, but the following non-committal resolution was adopted in its place: Resolved, That it is the sense of the American Medical Association that it will be conducing to justice and the dignity of the profession that medical expert testimony shall be given without having the appearance of being in behalf of either side, but to be stated simply as facts. Dr. Keller, of Arkansas, offered the following resolution:



Resolved, That in many of our large cities in the near future, if not now, cremation will become a sanitary necessity; which was referred to the Committee on State Medicine. Dr. N. S. Davis introduced the following: Resolved, That after the next annual meeting the permanent interests and influence of this association would be best promoted by again holding every second meeting in Washington, as its home on common national ground and not as invited guests, while each alternate meeting should be held in such section of the Union as would be most useful in promoting the society organizations in all parts of our country; which was adopted.

Dr. J. G. Thomas, of Georgia, offered the following resolution: Resolved, That the association approve the organization of faculties in medicine having no other foundation than the examination for degrees as a measure which will increase the value of the present methods of education in medical colleges in this country. Dr. Davis said on the subject that the requirements of the resolution would make more requirements from the students and make their examination impartial. The resolution cast no slur on any faculty, neither did it limit in any way their present powers. He was a teacher, and had been for thirty years.

Dr. Garcelon, of Maine, opposed the resolution, and moved that it be laid on the table, which was not agreed to. Dr. Ranshoff, of Cincinnati, was opposed to this plan, claiming that it would add additional expense, and that it was a slur on all the teachers in the country. He was in favor of a national law, but until they had it such a resolution was of no use.

Dr. Gihon was opposed to taking down the bars. He was also opposed to fighting homœopathists, as the fight that has been made on them was giving them a trademark. He read a number of extracts from graduates of colleges who had applied for credentials from an examination committee of which he was a member. The papers, because of the numerous and bungling treatment advised in different cases, were greeted with shouts of laughter. At the conclusion of the reading, Dr. Gihon asked if this was not an indication that something should be done at once. Dr. Carpenter, of Kansas, thought the fact of the graduates being so poorly informed was owing to the State universities being governed by politics and that the homœopathists being better politicians than the al-

lopathists, caused that class to set the standard in the colleges. Dr. Davis said he was fully in favor, and had been for thirty years, of the principles of independent examination, but now having brought the matter to the notice of the association, thought that the same be further postponed, which was unanimously agreed to.

The session then listened to an address from Dr. D. H. Goodwillie, of New York, Chairman of the Section on Dentistry, on that important subject. He spoke respecting the divisions of the section, which naturally separates itself into a number of branches. These divisions are dental art and oral surgery. The first is nearly all mechanical in its nature. The second includes the treatment of all diseases of the mouth. To the proper practice of the latter it is necessary that there be added the experience of the former, with a practical knowledge of medicine and surgery. Such knowledge should be supplied from the chairs established in all our medical colleges, the practical department to be supplied by infirmaries and hospitals to give this knowledge. He illustrated the many diseases of the mouth and associate parts by cases in his own experience, exhibiting diagrams, photographs, instruments and over twenty wax models of notable cases. Among them were internasal and interoral extirpation of the bones of the nose and jaws with a reproduction of bone without deformity.

Dr. Davis read resolutions condemning the absurd parsimony of Congress in reducing necessary appropriations for the Army Medical Museum and its library. The Committee on Necrology then made its report. Dr. W. A. Byrd, of Quincy, Illinois, delivered an address on "Abdominal Surgery," which was referred to the Section on Surgery. Dr. A. L. Gihon, Chairman of the Section on State Medicine, then delivered the following address:

"When notified of my election as Chairman of the Section on State Medicine, I began to ponder in what terms I might felicitate the association on the growing interest our profession was manifesting in this department of its humane mission.

"Having been interested myself so many years in this, it was no slight revulsion of feeling that I read from the report of the Secretary, 'that if the next annual meeting of the section is not better supported and more zeal and interest manifested in the work, the Secretary would certainly



recommend that the section in State medicine be discontinued, and the entire subject left with the American Public Health Association.'

"The temptation to come prepared to second the advice was great, but on reflection I recognized that this course would be fatal to the interests of State medicine, and an admission that sanitary considerations are not the paramount aim of medical science. Deciding as to the best means of awakening an interest to the subject, several hundred circulars were sent to medical men and members of the association throughout the country, asking suggestions. From these circulars only twenty-three answers were received, eleven of them to the effect that they would not be able to attend, and if they did, would have no papers to present.

"Not deterred by the paucity of results of the first essay, Dr. Sears, Secretary of the Section, and myself addressed a second circular to each of the forty-one elected members of the association, requesting a brief statement of the progress of State Medicine and a summary of the legislation relating to it in the district each represented. To this circular twenty-five replies were received. The fact is plainly evident that the association in general, nor those especially addressed, have that spontaneous concern which the subject demands.

"Benighted pagans employ physicians to keep them well, and cease their stipend when disease stalks in, but the most civilized and self-sufficient of races limits the functions of medicus to the relief of ills they have inherited or acquired, says to him, 'What have we who have neither ache nor ailing to do with you?' Hence, it is not strange that the physician himself has come to look upon this as the chief function of his office, especially as it only brings him his daily bread; that medical men have less interest in the problems of health preservation than in the manner by which the evil effects of disease may be overcome, and profits and revenues accrue from working miracles, and that when doctors meet, the ethical apple of discord has only to be thrown into their midst to make them squabble like children as to who shall and who shall not be recognized in the guild of bidders for public patronage.

"When the physician can practice his vocation in a community where his first thought can be given to the unventilated room, the foul drain, the faulty and intem-

perate diet, the contaminated water; when he can prescribe fresh air for the pallid cheek and nutritious food for the dilating pupil, and exercise for the flabby muscle, and thick shoes and stockings and proper underwear for the fragile girl braving inclement weather, and sleep and rest for the worn, torn brain instead of ringing changes on iron and quinine and strychnine; when to be considered to have earned his fee he need not sit mumbling over the sick-room ritual: 'Let me feel your pulse; let me see your tongue; how are your bowels?' and then gravely muse while writing a harmless placebo which shall go to enrich an apothecary or put in the stomach some drug with the vague idea of its doing something; when medical schools shall themselves exalt hygiene to its proper eminence, instead of giving it a quasi-recognition as a tail piece to the chain of physiology, then the section of State Medicine will not be compelled to beg for favor in the American Medical Association, but its standard will overtop all the rest. But this will not be until health primers are placed in every child's hands as soon as it can read, and the masses of the people are educated to understand that health is not the handmaid but the mistress. Had *Æsculapius* been legendized as *Hygeia's* bastard son, instead of her father, she would have received, as she deserves, the greater homage.

"So long, however, as society in its highest development of rank and culture ignorantly jostles and wedges itself in contracted saloons and drawing-rooms, already defiled by blazing gas jets and defective furnaces, where hundreds of lavishly dressed human machines befoul the air and poison one another with the noxious gasses and their own effete animal products, in deadlier quantity than the ragged rabble which herd in the open streets, and call this pleasure, so long as godly people drowse and yawn in badly ventilated churches, surcharging their brains and impairing their minds by blood not half aerated; and ungodly ones exhaust their whole reserve nerve force to resist the insanitary influence of the no less badly ventilated theater and exhibition hall, and call the one pious worship, and the other rational amusement.

"So long as men toil to amass riches and then build residences, palatial, semi-palatial or sham-palatial, and in the name of luxury, and æstheticism flood them with artificial light and heat to consume the



oxygen which prince and beggar both must breathe, and admit the invisible filth by the same sumptuously decorated closet and bathroom, by which they think to exclude the vile necessities of humanity, which prince and beggar alike can not escape, and call this comfort and refinement.

"So long as our children are sent to overcrowded, unwholesome schools (sixty-seven cubic feet reports Sanitary Inspector Moreau Morris, as the average for seven hundred and fifteen scholars in a New York primary school of this day), where their eyes are bleared, their hearing dulled, their plastic bodies distorted, and their brains fuddled, and this called education.

"So long as men and women daily violate in themselves and in their children, the simplest precepts of hygiene; parents countenancing half-dressed daughters, wearing out their strength in unwholesome ball-rooms, seeking the slumber that cannot refresh, only when the dawn appears; some launched upon the world to encounter physical wreck in a thousand channels, where no beacon warns of danger; old men, senators, judges, divines, perchance learned doctors, uncomplainingly breathing the foul air of public conveyances and apartments, in which every door and window has been carefully closed and every ventilation carefully ignored; streets reeking with filth, which decrepit laborers play the farce of sweeping in broad daylight, and whole blocks of buildings, in fashionable quarters, hermetically sealed from garret to cellar to exclude night air. What can State medicine hope to accomplish in legislative chambers and halls of congress which are themselves evidences of sanitary ignorance? The indefiniteness of the purview of the State Medicine section was illustrated by its scheme of organization up to the past year, when it was what Dr. James F. Hibberd justly termed a quintuple monstrosity—a single body with five heads of medical jurisprudence, psychology, chemistry, State medicine, and public hygiene.

"The first annual report of the National Board of Health, which has just appeared, enumerates the principal operations which it has undertaken or had in contemplation during the first year or two of its existence. These may be epitomized as follows: First: The collection of information and advice from the principal sanitary organizations and sanitarians of the United States as to the best plan for a national health organi-

zation, including the subject of quarantine, both maritime and inland, and the relations which should exist between State and local systems of quarantine and a national quarantine system. Second: The collection of information with regard to the sanitary condition of some of the principal cities and towns of the United States, with special sanitary surveys of the coast of New Jersey bordering on New York harbor and of Memphis, Tenn., etc. Third: The appointment of a commission to investigate yellow fever in the island of Cuba. Fourth: The collection of the sanitary laws of the United States and of the several States, including not only the statutes but the decisions of the several courts on all questions involving the public health. Fifth: Investigations as to the best method of determining the amount and character of organic matter in the air; as to the effects of disinfectants, and especially the composition and merits of patent disinfectants; as to the adulterations in food and dress; as to the diseases of food-producing animals; as to the flow of sewers in relation to their sizes and gradients; as to the influence of various soils upon sanitation, especially with regard to drainage and methods of disposal of excretion; as to the outbreak of diphtheria in northern Vermont, etc. Sixth: The suggestion of legislation to improve the sanitary condition of the mercantile marine.

"During the brief period of its existence it has established an admirable system of sanitary inspection and undertaken, as far as its limited authority permitted, the solution of the problem of inland and maritime quarantine. The government has a right to prevent the introduction of disease in men and things as an incident of commerce. A national quarantine is necessary not only to secure uniformity over our extensive seaboard, but to give satisfactory protection to these interior States which may be exposed to risk through local regulations, defective in character or framed to suit the special commercial interests of particular ports.

"How this national quarantine is to be administered is the real matter yet open for discussion. I quote Dr. Turner, with whom I unreservedly agree. 'I am disposed from my own observations and experience to accept the position of M. Farnal, that the nature of all quarantine is determined by the sanitary condition of the ship. The whole point is to secure a



clean ship, clean cargo, clean passengers, clean crew, and sailing from a clean port. It is so simple, so plain, that it appears to me it could all be accomplished by the simplest code of naval hygiene, save the clean port, which, of course, is in the domain of municipal sanitation.'

"Mere paper quarantines are of no avail, and the real defense is the establishment of rigid sanitary inspectors at every port of entry where national officers shall investigate all the circumstances of the loading the vessel, the climate and sanitary condition of the port whence she sailed, the route and length of voyage, and themselves inspect cargo, crew and passengers, and determine intelligently whether the interests of the country require her detention one day or fifty days, or not at all.

"A more intimate association of the State boards of health with each other and the national board is desirable. These State boards now differ widely in their organization and authority. The earliest established, most excellent of these, and which has served as the model for all others is that of Massachusetts, but it has been of late years overloaded and crippled by consolidation with the various charitable and reformatory institutions of the State.

"The following table gives the States having established boards of health, number of men on each board and the number of physicians on each, the remaining members being composed of lawyers, engineers or business men:

|                                   | No. Phy-<br>sicians. | Size of<br>Board. |
|-----------------------------------|----------------------|-------------------|
| Massachusetts.....                | 4                    | 7                 |
| California.....                   | 7                    | 7                 |
| Minnesota.....                    | 7                    | 7                 |
| Virginia.....                     | 7                    | 7                 |
| Michigan—not given.....           | —                    | 7                 |
| Wisconsin.....                    | 6                    | 7                 |
| Maryland—majority physicians..... | —                    | 7                 |
| Georgia.....                      | 9                    | 9                 |
| Tennessee.....                    | 6                    | 8                 |
| Louisiana—not given.....          | —                    | 9                 |
| Illinois.....                     | 5                    | 7                 |
| New Jersey.....                   | 4                    | 7                 |
| West Virginia.....                | 8                    | 8                 |
| Arkansas—majority physicians..... | —                    | 6                 |
| Indiana.....                      | 5                    | 5                 |
| Colorado.....                     | 9                    | 9                 |
| Iowa.....                         | 7                    | 9                 |
| New York—not given.....           | —                    | 9                 |
| *Alabama.....                     | —                    | —                 |
| North Carolina—not given.....     | —                    | 9                 |
| South Carolina—not given.....     | —                    | 7                 |

\*The State Medical Association is constituted the State Board of Health.

"Nine States have not established State boards, as follows: Florida, Kansas, Maine,

Missouri, Nebraska, Nevada, Ohio, Pennsylvania and Vermont." Dr. Gihon then took up the subject of vital statistics, showing the defects in present returns, and giving as an illustration the returns of deaths in Washington city, the ratio per thousand, and the proportion of malarial cases. He claimed that all returns were worthless which did not give the remoter predisposing causes of all diseases from which death resulted.

The remainder of the paper was devoted to a discussion of the proper constitution of state boards of health, the needs of the navy, with an account of one or two innovations which had been introduced on a few vessels, but which had not yet become general, and said that while it was the province of the biologist and pathologist to cultivate their bacillus broods, it was the duty of the American Medical Association to show the people's representatives how they should legislate against the inroads of the insidious enemies of the public health. Dr. Campbell, in rising to move that the paper be referred to the committee on publication, stated that the fact that the American Medical Association did not carry out the great plan, it should not be blamed. The association had been the father of the national board of health, and at the present time this country was only a few years behind the foremost country in the matter of sanitary measures.

On motion Dr. Davis, of Chicago, was appointed to escort Dr. John L. Atlee, the President elect to the platform. Dr. Atlee was greeted with loud applause, and on being introduced by President Hooper, made the following address:

Gentlemen of the American Medical Association: It is with no ordinary emotions that, by your partiality, I occupy a chair that I have seen filled by a Chapman, a Warner, a Stevens, a Knight and a host of worthies, living and dead, who were and are the ornaments of our profession. I beg you to accept, gentlemen, my heartfelt thanks for the honor you have conferred upon me. I accept it also with gratitude as a tribute to the memory of a dear brother, who, were he living, would more deservedly occupy this position. My chief motive in coming here on this occasion was to assist in carrying out the instructions unanimously given by the Lancaster County Medical Society to uphold the honor and dignity of our noble profession by putting the seal of condemnation upon the recent action of a



State society, the sanction of which would have given character to a system of practice derogatory to common sense, and professional integrity. All honor, gentlemen, to the report of our judiciary committee. In the performance of my duties I shall endeavor to be firm and impartial, and I trust that I may be supported by your kindness and courtesy in trying to uphold the right." The Association, after some general business, adjourned. Some very fine microscopes were exhibited by the McIntosh Manufacturing Company. The work of the sections I shall give next number. Tr.

### WOMEN AS PHYSICIANS.

Boston, June 13, 1882.

The members of the Massachusetts Medical Society favorable to the admission of women to membership, which has agitated the society for many years, succeeded at the annual meeting in getting a vote through communicating to the Council of the society the opinion of the general body that women should be admitted. The discussion antecedent to the vote was long and warm. The attendance was large. Dr. Henry W. Williams, of this city, presided. Dr. Hodgdon, of Arlington, moved an amendment to the by-laws so that women may be admitted to the society, the condition being that they must, by proper guarantees, satisfy the censors that they possess the requisite qualifications for membership. The President ruled that the motion was out of order, on the ground that no by-law shall take effect until it receives the concurrent action of the councilors and of the society. Dr. Hodgdon promptly appealed from this ruling. He said the gentlemen had assembled for the very purpose of acting upon this matter. Common sense and parliamentary usage, he said, gave the society the right to change its by-laws, and the charter contained an express provision giving the society the power to exercise that right. Dr. H. Johnson, of Salem, claimed that the question of admitting the motion was not one of right but of method, and he argued the matter ought first to go before the councilors. Dr. Eastman, of Boston, suggested that if the councilors refused to take the initiative the society could then proceed. Dr. George Shattuck, of Boston, thought it more expedient to refer the matter to the Council for the initiative proceedings. That body could discuss it to better advantage than

the society, which was composed of 1,400 members. A long discussion upon the Parliamentary aspects of the question followed, and finally the decision of the President, that the society could not then vote a change of by-laws, was sustained by a vote of one hundred and thirty-one to one hundred and twenty-five.

Dr. Harvey, of Worcester, then moved a reference of Dr. Hodgden's motion to the Council. Dr. Hodgden then offered an amendment, to the effect that the reference be accompanied by a recommendation for favorable action. Dr. Martin, of Boston, vigorously criticised the action and power of the Council. That body was the tyrant instead of the servant of the society, and it had come to this, that the society could do nothing in its own name, but only act on what the Council pleased. Dr. Winsor, of Winchester, moved to substitute the following motion for the one pending: Resolved, That, in the opinion of members here present, it is expedient that well-qualified women be admitted to fellowship on the same terms as men, and that the Secretary be requested to lay this note before the Council.

One member, whose name was not given, attempted to speak against this motion, but was continually interrupted by demonstrations of disapproval. Dr. Wakefield, of Leicester, a venerable man, with white hair and beard, said that thirty years ago he was opposed to the idea of women physicians, but the world had moved ahead since then, and he had made up his mind to go with it what little time he had left. He urged action without dodging. Women, he said, were now practicing throughout the commonwealth, some were educated and some he found were not. "We want to sift them out," he said, "so we will know who is educated and who is not. Those who are fit we want in the society, and I believe they will do us credit and we shall do ourselves credit by admitting them." Applause followed these words. The Doctor again expressed the hope that there would be no further delay. The question had been long enough unsettled before the society. He, for one, was ready to meet it and to give his vote for the women. Similar sentiments were expressed by Dr. Martin, of Boston, and others. It was moved to adjourn, but this was opposed, and the motion of Dr. Winsor was carried by a vote of one hundred and four to sixty.

At the meeting of the Council to-night



the vote of the society was promptly presented. Dr. George C. Shattuck, of Boston, moved to refer the matter to a committee. It was a serious question, he said, whether under the constitution of the society women could be admitted. He cited the recent decision of the Supreme Court of the State that women could not be admitted to the Bar, where it was held that, although males were not specified in the law, they alone were intended by the Legislature in its enactments. He quoted Dr. Joseph Leister on the subject of admitting women to the British Medical Association, that he could not consent to be a member of an association where there was the unseemly practice of discussing medical topics before a mixed company. Dr. Shattuck said he believed there were many members of the Massachusetts Society who would feel in the same way, and would not attend the meetings of the association if women were present. He professed to have as much respect and admiration for women as any member of the Council, and it was for that reason that he would not advise them to undertake what God did not allow them to do well. A man could have no higher aspiration or sphere of employment than the medical profession. But God had so made women that the very best of them did not wish to enter, and only inferior women would. They might be intellectual, but after all they would be inferior women whom the members of the society could not respect. [Applause.] It was acknowledged that the women doctors were improperly educated, he continued. Many of them were homeopaths. Would it not be well, he asked, to wait until they have a better education than now? Harvard College had decided that it was not competent to undertake the task of educating men and women together, and the Massachusetts Medical Society ought to hesitate a long time before taking such a radical step as to admit women to membership.

Dr. Morrill Wyman, of Cambridge, said that there was a number of women now practicing medicine in Boston, and the State was placing in its prisons and its hospitals women as physicians. The State had a tribunal to determine the competency of men practicing, and it had a right to demand that there should be one to try and decide as to the merits of women offering themselves as physicians. Could there be a better body for such a purpose,

he asked, than the Massachusetts Medical Society? When its censors had passed in judgment, then the community would be relieved from a great difficulty. It was not a matter of sentiment, he said, or any thing of the kind, but simply a matter of right and justice. Dr. E. P. Harvey, of Westborough, then moved that further consideration of the subject be indefinitely postponed, and this was passed by a rising vote of sixty-five to thirty-six. So the movement is again defeated. F.

*DRUGGISTS AND PHYSICIANS—MYX-  
ŒDEMA—MEDICO-LEGAL SOCIETY—  
NEUROLOGICAL SOCIETY.*

NEW YORK, June 30, 1882.

The old dispute respecting the relations of physicians and druggists has been brought up in somewhat of a new form by the following case: A lady gave a druggist a prescription of Dr. Vanderpoel for a large quantity of laudanum, and at its foot was the following request by the physician: "Please give to bearer sixty drops in the store." The druggist declined to administer such a large quantity of the drug. He gave the lady ten drops because she was in pain; she begged him to give her such a dose as he would not be afraid to personally administer to her. Soon after these events the lady began a suit against the druggist in the Court of Common Pleas. She claimed \$10,000 damages, alleging that if he had given her sixty drops of laudanum as requested she would have been saved from a miscarriage and its effects.

The defense was that the ten drops of laudanum given by the druggist could not have affected her more than to temporarily lessen her pain, and that a druggist is not bound to personally administer dangerous drugs upon the order of a physician, his duty being simply to prepare medicines under the direction of physicians. Judge Beach sustained this view of the duty of a druggist, saying that a druggist would incur liability to indictment for manslaughter for having knowingly administered a drug or medicine which produced death. Upon the witness stand the defendant took ten drops of laudanum to prove their harmlessness just before the cross-examination was begun. A large number of physicians were present, who expressed the opinion that a miscarriage would have happened to the woman even if sixty drops of laudanum had been administered to her. The jury



gave a verdict for the druggist. The druggist should have asked the lady to wait till he could examine as to the physician's intention.

A case of death from myxoedema has recently been reported to the Health Department. This is perhaps the first which has been reported as occurring in the United States. The patient was a woman aged fifty-seven, who had been ill for nineteen years. The diagnosis of the disease was however made a few years previous to death by the attending physician, Dr. E. Cushier.

#### NEUROLOGICAL SOCIETY.

A meeting of the New York Neurological Society was held on June 6, the President, Dr. Spitzka in the chair. Dr. Græme Hammond exhibited a patient suffering from Addison's disease; the case was doubly interesting from the fact that the sister of the patient who was also exhibited presented signs of progressive muscular atrophy. Dr. Brill read an elaborate account of a case whose history has been already published in the Review. The patient since died with general oedema, and a lesion (thrombotic softening) was found in the cuneiform lobe and on both sides of the calcarine fissure of the left cerebral hemisphere. Dr. Knapp said that the visual disturbance had not been accurately observed, perimetric tests of the colorfields not having been made. It was therefore impossible to say whether the color defect was hemianopic or not. The President stated that he had once examined the patient and that his stupor precluded the making of delicate tests. It could certainly be presumed that inasmuch as there was no limitation of the field of vision, and the color-blindness for green was absolute, that the latter was general. Dr. Corning then read an interesting paper on physiological brain rest produced by deprivation of the blood supply to the brain. This he secured by compression of the carotid arteries. He exhibited a truss and a clamp devised for that purpose; the procedure had been of great service in epilepsy. A lively discussion ensued as to the vascular phenomena of epilepsy, Dr. Gray remarking that the initial spasm was an effect and not a cause. Dr. W. A. Hammond added that a professional friend had used a constricting band around the neck to cut short fits, on an entirely different theory, with success. Several other members had had similar results.

#### MEDICO-LEGAL SOCIETY.

Mr. Clark Bell, President of the society, at its June meeting asked leave to submit certain propositions in relation to the case of Charles J. Guiteau and the duty of the President of the United States in the premises. He prefaced his proposition by saying that a large body of physicians in this country, probably of experts, and a no less large and respectable body of lawyers, were convinced of the insanity of Guiteau and of the valuelessness of the expert evidence adduced on the trial. When Guiteau was tried and sentenced to be hanged, Mr. Bell said, the public mind was so incensed that, in the nature of things, few medical men could be found who cared to endanger their popularity by giving evidence for the defense. It could not be denied, he thought, that a conviction was gaining ground that the scientific aspects of the case had not been fairly dealt with, and he suggested that the society should devote the evening to a discussion of the questions raised by such a condition of affairs, namely, whether, in view of the facts, it was not the duty of the President to grant a stay of proceedings in the case, and appoint a committee of scientific experts, composed of men who had not been before the court when the case was tried, to examine Guiteau and report as to his sanity in such a manner as would satisfy public opinion. The suggestions of Mr. Bell were, it appeared on discussion, called forth by a petition now being circulated by Dr. George M. Beard, praying the President of the United States to grant a stay of proceedings and to appoint a commission, composed of men of undoubted authority, to determine on Guiteau's mental condition. The subject was discussed by Mr. Willis, Gen. J. W. Palmer, who believed that Dr. Lamson was insane and irresponsible, and regarded Guiteau as fully responsible, Dr. O'Sullivan, Dr. F. D. Lent, Dr. George M. Beard, Dr. E. C. Spitzka, John P. Avery, ex-Surrogate Calvin, and others. A motion by Mr. Willis to affirm the fairness of the trial and the responsibility of Guiteau was laid on the table. It was then voted inexpedient for the society to record any judgment in the matter on account of difference of opinion evident among the members. J.

DR. W. T. Smith has been appointed Lecturer on Anatomy and Physiology in Dartmouth Medical College.



## REVIEWS.

DISEASES OF THE EAR IN CHILDREN, By Anton von Troeltsch M.D. Translated by I. Erne Green A.M., M.D., from Gerhardt's Handbuch der Kinderkrankheiten New York, Wm. Wood & Co., 1881.

The present work of one hundred and five pages, is a part of Gerhardt's German Encyclopædia of children's diseases. It does not seem to be intended for any but physicians somewhat familiar with diseases of the ear; hence no space is allotted to anatomy or physiology or general pathology, but all remarks apply to the peculiarities of ear diseases in children only. On account of the concise and satisfactory manner of treating the subject, and the stress laid with sincerity by the author upon the importance of recognizing and attending to the ear complications arising so often in children's diseases and ignored too frequently, this work is to be highly recommended to every practitioner. It can hardly be expected to exhibit much originality, but in referring merely to the juvenile patient, it takes up a point of view different from usual textbooks. It covers the ground fully and yet does not exact too much from the time or patience of the reader. The most decided fault of omission to be found in it, is the absence of the antiseptic treatment of otorrhea which had just been tried, when the original was written. The diction of the book, though never wearisome, is yet not characterized by any special grace, often on account of the undue length of paragraphs.

LECTURES ON SURGICAL DISEASES OF THE URINARY ORGANS. By Reginald Harrison, F. R. C. S. Second Edition. New York, Wm. Wood & Co., 1881; W. T. Keener, Chicago.

The first edition of this book, as it was a very good specimen of the very best type of clinical lectures, met with great favor. The present edition has been much amplified from the first, and is an excellent treatise, for its size, on genito-urinary surgery. The author adopts Dittel's classification of strictures dividing them according to the seat of the constricting body, as first within the urethral lumen; second, in its wall; third, outside of its wall. He alludes to certain curious variations in the behavior of strictures to instruments at different

times. He alludes to the nervous mimicry of stricture which sometimes occurs in neurotic patients, and gives excellent advice as to the psychical treatment of such cases. In the chapter on the examination of urine, proper stress is laid upon the necessity of following up the detection of albumen by a microscopical examination. He believes that aconite exerts a strong influence as a prophylactic against the fever produced by catheterization. The author is a dualist as regards syphilis and chancroid. He accepts only Cheselden's operation of lithotomy. He is inclined to favor Bigelow's operation of litholapaxy. He cites largely from American authorities on genito-urinary surgery, with the exception, curiously enough, of Gross. The book is well issued, but would be improved by the omission of the cuts.

## THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from May 29, 1882, to June 12, 1882.

Magruder, D. L. Major and Surgeon, Medical Director Dept. of the Missouri. Granted leave of absence for one month. S. O. 110, Dept. of the Missouri, June 1, 1882.

McKee, J. C., Major and Surgeon. The extension of leave of absence on Surgeon's Certificate of disability granted him in S. O. 262, A. G. O., Nov. 10, 1881, still further extended six months on Surgeon's Certificate of disability. S. O. 122, A. G. O., May 26, 1882.

Waters, Wm. E., Major and Surgeon. Granted leave of absence for four months. S. O. 121 A. G. O., May 25, 1882.

Brown, J. M., Major and Surgeon. Having reported at these Headquarters, is assigned to duty at Newport Barracks, Ky. S. O. 57, Dept. of the South, May 29, 1882.

Brooke, John, Captain and Asst. Surgeon. To be relieved from duty in Dept. of the South, when Major Brown shall have reported for duty therein, and to proceed, on July 1, 1882, to Presidio, of San Francisco, Cal., and report in person to the Commanding General, Mil. Div. of the Pacific, for assignment to duty in Dept. of California. S. O. 121, c. s., A. G. O.

Caldwell, D. G., Captain and Asst. Surgeon. Upon completion of packing and turning over the medical supplies at Fort Sanders, to report to the Commanding Officer, Ft. Fred Steele, Wyo., for duty as Post Surgeon. S. O. 56, Dept. of the Platte, May 29, 1882.

O'Reilly, R. M., Captain and Asst. Surgeon, now at Washington, D. C., to report in person to the Attending Surgeon at this station for assignment to temporary duty in his office. S. O. 124, A. G. O., May 29, 1882.

Brown, Paul R., Captain and Asst. Surgeon. Granted leave of absence for six months on Surgeon's Certificate of disability. S. O. 121, c. s., A. G. O.

Semig, B. G., Captain and Asst. Surgeon. Granted leave of absence for one year on Surgeon's Certificate of disability. S. O. 121, c. s. A. G. O.

Reed, W., Captain and Asst. Surgeon. To accompany the troops from Ft. McHenry, Md., and Washington Barracks, D. C., to Sumner Camp at Gaithersburg, Md., and remain on duty with them during the encampment. S. O. 104, Dept. of the East, June 9, 1882.

Taylor, M. E., Captain and Asst. Surgeon, now awaiting orders at St. Louis, Mo., to report in person to the Superintendent Mounted Recruiting Service, for temporary duty at the Cavalry Depot, Jefferson Barracks, Mo. S. O. 126, A. G. O., June 1, 1882.

Tesson, L. S., Captain and Asst. Surgeon. Relieved from duty at the Cavalry Depot, Jefferson Barracks, Mo., and to proceed on July 1, 1882, to San Antonio, Tex., and report in person to the Commanding General, Dept. of Texas for assignment to duty. S. O. 126, c. s., A. G. O.

Davis, Wm. B., Captain and Asst. Surgeon. Having reported at these Headquarters, will proceed to Fort Totten, D. T., and report to the Commanding Officer of that Post for duty. S. O. 86, Dept. of Dakota. May 24, 1882.

Gray, Wm. W., First Lieutenant and Asst. Surgeon, Fort Townsend, W. T. Granted leave of absence for one month, to take effect the 3d proximo. S. O. 67, Dept. of the Columbia. May 24, 1882.

Carter, E. C., First Lieutenant and Asst. Surgeon. Having reported at these Headquarters, is assigned to duty at Camp Price, A. T. S. O. 78, Dept. of Arizona, May 24, 1882.

Raymond, H. I., First Lieutenant and Asst. Surgeon. Having reported in compliance with S. O. 103, c. s., A. G. O., is assigned to duty at Whipple Barracks, A. T. S. O. 77, Dept. of Arizona, May 22, 1882.

## BOOKS AND PAMPHLETS.

Moriz Benedikt, M. D., Vienna, Austria. Nerve Stretching. Reprinted from the Wiener Medizinischen Presse, 1881.

Moriz Benedikt, M. D., Vienna, Austria. Remarks on the Death Penalty. Vienna, 1882.

Moriz Benedikt, M. D., Vienna, Austria. Anatomy of the Brain of Criminals. Reprinted from the Wiener Medizinischen Presse, 1880.

Moriz Benedikt, M. D., Vienna, Austria. Natural History of Criminals. Reprinted from Nos. 1, 2, and 3 of the Juristischen Blätter, 1876.

Moriz Benedikt, M. D., Vienna, Austria. A Word on the Nerve Stretching Controversy in Spinal Affections. Reprinted from the Wiener Medizinischen Presse, 1882.

Fifteenth Annual Report of the Alexian Brother's Hospital, for the year ending December 31, 1881.

E. H. M. Sell, M. D., New York. The Opium Habit. Its Successful Treatment by Avena Sativa. Reprinted from the Medical Gazette.

F. Needham, M. D., Gloucester, England. Barnwood House Hospital for the Insane. Twenty-Second Annual Report for year 1881. Gloucester, Davie & Son, 1882.

Walter Channing, M. D., Boston, Mass. The Mental Status of Guiteau, the Assassin of President Garfield. Reprinted from the Boston Medical and Surgical Journal, March 30, 1882.

A. W. Tipton, M. D., Jacksonville, Illinois. Electrical Medication. Chicago, Chas. J. Johnson, 1882.

L. S. Oppenheimer, M.D., Seymour, Ind. The Prevention and Treatment of Puerperal Mammary Inflammations.

C. B. Burr, M.D., Pontiac, Mich., Cocculus Indicus in Epilepsy. Reprint from the Michigan State Society Transactions.

L. S. Oppenheimer, M.D., Seymour, Ind. The Diagnosis and Treatment of Chole-Lithiasis.

R. Bartholow M.D., Medical Electricity. A Practical Treatise on the Applications of Electricity to Medicine and Surgery. Philadelphia. H. C. Lea's Son & Co., 1881.

H. H. Kane, M.D., Ft. Washington New York Journal of Stimulants and Narcotics. Volume I, No 1.

E. F. Ingals, Chicago, Ill., Laryngeal Tumors. Reprinted from the Illinois State Society transactions, 1881.

E. T. Reichert, M. D., A Study of Fifty-six Cases of Poisoning by Carbolic Acid, with a Study of the Physiological Action of the Drug. Reprint from the American Journal of the Medical Sciences.

H. P. Wenzel, M. D., Protrusion of the Stump of the Pedicle through the Cicatrix more than Three Years after Ovariectomy. Deligation of the Protruding Part and Complete Recovery. Reprint from Virginia Medical Monthly.

A. L. Ranney, M. D., N. Y., Anatomical Plates: Arranged as a Companion Volume for "The Essentials of Anatomy," and for all Works upon Descriptive Anatomy. New York. G. P. Putnam's Sons. 1881.

Wm. Adams, F. R. C. S., London, England, Lectures on the Pathology and Treatment of Lateral and Other Forms of Curvature of the Spine. Second edition. London, J. & H. Churchill. 1882.



# Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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J. G. KIERNAN,  
Theory and Practice of Medicine and Therapeutics.  
EDWARD C. SPITZKA,  
Diseases of the Nervous System and of the Mind.  
CHRISTIAN FENGER,  
Surgery.  
E. C. DUDLEY,  
Gynæcology.

HENRY GRADLE,  
Physiology, and Diseases of the Eye, Ear and Throat.  
HARVEY W. WILEY,  
Chemistry, Toxicology and Public Hygiene  
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\$2.00 A YEAR.

CONGRESS AND THE PUBLIC HEALTH.—Through the influence of western sanitarians the National Board of Health was led to establish a corps of inspectors, whose stations extended from Boston, Baltimore, and New York, westward to East St. Louis. These inspectors have detected small-pox enough to have furnished the nidus of several epidemics, as the destinations of the people were widely distant points. How much has been accomplished during the relatively brief period of one month, may be judged from the report of the Illinois inspectors. They have inspected thirty-five thousand emigrants, and have found it necessary to vaccinate six thousand persons. Since the beginning of the inspection but one point has been infected with small-pox; this was due to the emigrants remaining two days in an infected locality. During the eight months prior to the inspection, at least sixty-four places were infected with small-pox by emigrants. Such being the results attained by an imperfectly organized inspection, it is obvious that when the system was in perfect operation it would soon stamp out small-pox. A committee of the House of Representatives, however, saw fit to reduce the appropriation for the National Board of Health below its ordinary running expenses, and to restrict its operations to the prevention of cholera and yellow fever. This latter re-

striction was, however, removed, but the appropriation was not increased. Thus the National Board has just about enough means to carry on a moribund existence, but no more. This action of Congress is not the result of pure apathy, such as leads that body to neglect all business not advocated by interested representatives, nor is it the result of parsimony. It is due to the covert opposition of the health officer of the port of New York and the steamship companies. The former official, a medical politician of the homœopathic stripe, able to pay \$20,000 into the party fund from his official perquisites, has been forced to give more attention than usual to his duties by reason of the action of western sanitarians against variolous emigrants, and has felt greatly aggrieved in consequence. The steamship companies have been forced to increase their expenses by the quasi-inspection of emigrants, and have made common cause with the health officer. It is simply shameful that Congress should yield to such influences. The pecuniary losses, not to speak of the loss of life, from small-pox during the last year have been simply incalculable. The disease is however to be left to devastate the Northwest during the coming winter, since Congress cannot afford to offend the health officer of the port of New York and certain European steam-ship companies.

THE AMERICAN MEDICAL COLLEGE ASSOCIATION was established with the idea of reforming medical education. It really did accomplish something. It adopted a three years' graded course as a requirement for membership, after a certain time. It actually exerted such an influence that Bellevue Hospital Medical College was induced to demonstrate the truth of the old distich about the "vilest sinner." The pecuniary results were meagre, and Bellevue ceased to be a shining light. The eastern colleges resigned from the association and its influence dwindled. It failed to enforce its requirements for membership and soon rescinded them with the exception of the prohibition that no college shall hold two sessions in one year. This prohibition was evaded by the same faculty holding the regular session in summer under the name of one college, and, changing its name, holding another session during the winter under a different name. The association is practically dead. It has shown that reform from within the medical colleges is impossible. That it has served a useful purpose cannot be denied. It has shown more clearly than could be done in any other way, the necessity for a state regulation of the practice of medicine. By the virtual death of the association, the profession has been deprived of one of its yearly amusements, as the proceedings of this body partook as a rule largely of the nature of pantomime.

THE GUILTEAU AUTOPSY.—The attention, not only of the profession but of the public, has been pointedly directed to the question of the post-mortem evidences of insanity, in connection with the autopsy held on Guiteau. This is perhaps not a proper place to express a natural regret that the medical profession has as little reason to congratulate itself on the position taken by several of its members, as it has with regard to the ante and post-mortem controversies concerning the Garfield case. But it is proper that in opening a discussion of this

question, the Review should resent the meddlesome interference of men unfamiliar with cerebral anatomy and pathology in the discussion of so delicate an issue as that of the bearing of the findings in Guiteau's brain; it may equally resent the authoritative dicta promulgated without a responsible signature, by the dilettanti who fill the editorial columns of certain of our medical weeklies with the flagrant evidences of their ignorance, and of that temerity, in discussing great problems, which is based on ignorance. The post-mortem examination of Guiteau's body was made under such peculiar circumstances, that in referring to omissions and imperfections in the examination, it is hardly less than proper to do the gentlemen performing it the justice of saying that, they can not be severely censured for them. When it is borne in mind that an expert for the prosecution stepped up to the table and told Dr. Lamb that he should not under any circumstances make the post-mortem, that the same expert as well as the district attorney showed the most unseemly haste to get the body out of the way, and to cover whatever evidence of false testimony and conspiracy the examination of the body might help to reveal, with six feet of earth, that the jail physician was ranting against the invited guests in the ante-room, when measures had been taken to prevent competent witnesses from being present, when threats flew thick around the head of the physician conducting the autopsy, that tools of the district attorney had been appointed on no authority whatever with the purpose of hampering the inquiry, it is not to be wondered at, that with his mind fixed on a controversy worthy of a bar-room, that Dr. Lamb should have omitted to weigh the cerebral hemispheres, and to measure the occipital part of the skull. He deserves credit for his courage in performing the autopsy in the face of the threats of Corkhill and Macdonald, and his candor in reporting the results as he did, he being an army officer.



"AN EMBRIOTIC PIONEER-MEDICAL COLLEGE."—The dean of a college at Joplin, Missouri, writes to the editor of the Medical Gazette for his printed list of "Doctors and druggists," as he is about starting what he calls an "embriotic pioneer-medical college," which, he says, must be made to pay him. Any states which have not passed a medical practice act, fixing the standard of graduation, are therefore threatened with an influx of diploma venders. Fortunately for Illinois, the Joplin graduates have been refused registration. This may be the reason for the production of the new "embriotic pioneer-medical college." So long as men of the intellectual and moral status of this dean can incorporate medical colleges and vend diplomas, the state and national societies will have their hands full in the pursuit of their favorite amusement, i. e., passing laws for the restraint of unethical physicians.

**BOLDO.**—This drug has been of marked value in cardiac debility. The oil is said to be useful in genito-urinary inflammations. Dr. Verne (*Bulletin Générale de Thérapeutique*, April 15, 1882,) concludes that the aromatic principle, and the alkaloid boldine, are eliminated by the urine. The drug itself is without influence on the circulation, temperature, and excretion of urine, but it increases the quantity of urea excreted. It has a slightly exhilarant effect. These results of Dr. Verne seem to support the claims which have been made for the drug.

**HEALTH OF FEMALE TOBACCO WORKERS**—Dr. Piasecki (*Revue d'Hygiène*, November, 1881,) who is physician to the tobacco manufactories in Havana, has made some extended observations on the health of females employed in these manufactories, and comes to the following conclusions: First: Tobacco cannot be regarded as an emmenagogue, and working in tobacco does not appear to exercise any evil influence on the health of females. Second:

Tobacco working does not have any effect on the pregnant female, since miscarriages are not more frequent among tobacco workers than they are among other females of the same class. Dr. Piasecki adds that apart from temporary conditions of slight duration like, headache, nausea and vomiting, which are experienced on first engaging in tobacco working, the general health is not affected. Similar results are reported from Seville, Spain.

**HÆMORRHAGES FROM QUININE.**—Dr. Kuriatzides (*Galenos*, New York Medical Journal, July, 1882,) reports two cases in which the use of quinine was followed by hæmorrhage, in one case of renal, in the other of nasal origin. Dr. Kuriatzides resorts to a somewhat far fetched hypothesis to account for these cases, which although not frequent are far from being of very exceptional occurrence.

**HÆMORRHAGE FROM THE PALM.**—Dr. Randolph Winslow, Baltimore, Maryland (*Maryland Medical Journal*, July 1, 1882), comes, after an extended examination of the subject, to the following conclusions: First: Hæmorrhage from the palm should be treated by ligating or twisting the bleeding vessels in situ when this can be done without undue disturbance of the tendons and other tissues. Second: This being impossible, compression should be made in the wound by means of a graduated compress or conical cork, flexion and pronation being also employed, or the hand may be bound tightly over a ball of wood or cord. Third: Acupressure of the radial artery, but it is not safe to compress the ulnar in this way by reason of the close proximity of the nerve. Fourth: Other means failing, ligation of the main vessels should be performed. Fifth: As anomalies of the brachial artery are frequently present it is better to ligate the radial and ulnar artery immediately above the palm, than to tie the brachial artery. Sixth: The hand should be wrapped in cotton wool fixed upon a conical cork and placed in a sling.

**APOMORPHIA IN EPILEPSY.**—Dr. Marthe (*Revue Medicale de la Suisse Romande*, May 15, 1882,) reports having secured good results from the hypodermic injection of five milligrammes of apomorphia in the case of noisy and violent epileptics and lunatics. This remedy did not act as a derative as vomiting did not follow its use. The action was only temporarily sedative and not curative.

**MEDICAL AND DENTAL DIRECTORY.**—A new variety of medical and dental directory has been devised by C. A. Kendrick, of Cincinnati. It consists of a map on which can easily be found the name, office, office hours, residence, and telephone connection of any respectable physician and dentist. One of these has already been issued for St. Louis and another is soon expected for Chicago. As a time-saver the it is likely to be very useful.

**DATURIA SULPHATE AND HYOSCYAMIA SULPHATE.**—Dr. C. A. Oliver (*American Journal of the Medical Sciences*, July, 1882,) comes to the following conclusions respecting these two mydriatics: First: A single instillation of either the one-fortieth or one-twentieth of a grain each of both the daturia sulphate and the hyoscyamia sulphate is sufficient to paralyze accommodation in a normal emmetropic or a healthy ametropic eye. Second: No dependence can be placed upon the action of a single instillation of either of these drugs upon the ciliary muscle of an unhealthy ametropic eye. Third: A single instillation of either one-fortieth or one-twentieth is of no value in the estimation of the degree of refraction in marked cases of asthenopic emmetropia; but may be of great service in either verifying previous results or primarily determining errors in ametropic eyes. Fourth: Maximum dilatation of the pupil is produced by a single instillation of either of these. Fifth: The total paralysis of the ciliary muscle, occasioned

by a single instillation of daturia sulphate is attained later and lost sooner than the total paralysis occasioned by a single installation of equivalent amounts of hyoscyamia sulphate. Sixth: The mydriasis from a single instillation of daturia sulphate is not so quickly attained, and is of shorter duration than that of a single instillation of equivalent amounts from hyoscyamia sulphate. Seventh: The full action of a single instillation of daturia sulphate upon the iris and ciliary muscle, remains intact for a shorter time than that of a single instillation of equivalent amounts of hyoscyamia sulphate; the time of the latter being almost double that of the former. Eighth: With the use of the amounts given of both the drugs, primary circulation of refractive error may be accurately obtained without a second instillation, after the lapse of twenty-four hours. Ninth: The long-continued dilatation of the pupil and the slow return of ciliary power occasioned by the amounts given of both the drugs, render them absolutely useless where accurate ophthalmoscopic examination in cases dependent upon their use are desired. Tenth: The astringent and irritant action of the two drugs upon the conjunctiva may be avoided by use of a neutral salt. Eleventh: The comparatively rare and slight transient constitutional effect caused by a single instillation of daturia sulphate may be considered as of no consequence. Twelfth: The grave constitutional disturbance from hyoscyamia sulphate should lead to caution in its use.

**PNEUMONIA AFTER OPIUM POISONING.**—Dr. A. B. Isham (*Cincinnati Medical News*, July 8, 1882,) relates two cases in which patients who, having been poisoned by opium, were treated by exercise, flagellation and violent exercise and developed pneumonia. Dr. Isham is inclined to think<sup>1</sup> and with justice, that the excessive douching, exercise and flagellation commonly used are liable to have serious results, and that caution is necessary.



**DACRYOLITHS.**—Concretions formed by the deposit of the saline elements of the tears, are but rarely observed. Dr. H. G. Cornwell (*American Journal of the Medical Sciences* for July, 1882,) reports the case of a man aged forty-six, who complained of an interference with the escape of the tears from the left eye, which had annoyed him for ten years. An examination revealed lachrymal conjunctivitis, the lachrymal punctum slightly everted, its orifice of normal size and the walls of the canal somewhat thickened. No accumulation of tears in, or any evidence of inflammation of the lachrymal sac. Suspecting a stricture of the canaliculus this passage was slit up by means of a delicate pair of scissors, one blade of the instrument passing readily through the canal without obstruction. On the following day on attempting to separate the edges of the incision in order to prevent their union by means of Bowman's probe held vertically, the instrument struck a gritty substance which proved to be one of four dacryoliths which were arranged bead-like along the floor of the canal. The canal itself after their removal was found to be much enlarged as a result of this calcareous deposit.

**IODOFORM IN DIABETES.**—Dr. Moleschott (*Wiener Medicinische Wochenschrift*,) has found that iodoform exerts a marked influence on the secretion of sugar in diabetes. As much as seven grains may be administered without evil results. His prescription of the drug is as follows:  $\mathcal{R}$  Iodoform 1.0; ex. lactucarium sat. 1.0; cumarin 0.1; gummi acaci q. s. M, ut ft pil No. X. The dose is from one pill twice, to two pills four times daily.

**FŒTUS IN FŒTU.**—Dr. Lubimoff, Kasan, Russia (*Vratch Vedomisti*, No. 1, 1882), has recently reported an interesting case of this kind. He found on a little girl born at term and living, a perineal tumor of which the right half was hard and the left half soft. On autopsy there were found two

cysts in the left half. The right half contained different portions of a foetus, a well developed foot with six toes, a rudimentary arm and a stomach. Between the two tumors were found small dermoid cysts containing epithelial cells, striated muscular fibre, bits of cartilage and bones containing marrow in the interior.

**ERGOTINE IN UTERINE TUMORS.**—Dr. W. T. Lusk (*New York Medical Journal*, July 1, 1882,) relates a case of fibro-myoma of the uterus in which ergotine injections into the subcutaneous tissue of the abdominal wall over but not into the tumor, resulted in a rapid diminution in the bulk of the growth, at the expense, however, of gangrene of the compressed tumor, ending in fatal septicæmia. This result might for many a priori reasons have been expected as a possibility.

**MUSCULAR ACTION IN HIP DISEASE.**—Dr. A. B. Judson (*New York Medical Journal*, July, 1882,) has recently discussed the morbid anatomy of hip disease, with special reference to the supposed effect of muscular contraction in promoting pathological changes in articular structures. A careful review of recorded observations leads him to infer that the crowding of the articular surfaces together by muscular action has no effect. What mainly points to this inference is that the primary lesions are not usually found in the superficial structures which enter immediately into the formation of the joint, but in the cancellous osseous texture. This conclusion does not effect the utility of the extension treatment, but leads to this interpretation of its beneficial action. Aside from the fact that by its anodyne quality, traction is empirically indicated, there are rational grounds for its use. Traction, however applied, is unavoidably accompanied by fixation. The most efficient apparatus for the application of traction is, at the same time, the best means for the immobilization of the hip joint, and immobilization is indicated by pathology.

## PREMONITORY SYMPTOMS OF NEPHRITIS.

—Dr. Dieulafoy (*La Semaine Medicale*, May 18, 1882,) calls attention to three slightly known and little regarded premonitory symptoms of nephritis. The first is a marked change in the urinary secretion. The patient notices that his rest is broken by frequent need of micturition, although the quantity expelled is not relatively large. "pollakiuria" rather than polyuria being present. The urine may show faint traces of albumen. This pollakiuria may be painful, and this is due, according to Dieulafoy, to vesical tenesmus and cramp of the sphincter. Another symptom noticed by Dieulafoy has been pruritus. Dieulafoy does not believe that this is due to the skin taking on the functions of the kidneys. The sensation resembles the crawling of ants or the feeling produced by a hair rubbing against the skin. A third symptom is the *digiti mortui* or so-called "dead fingers," which is a vaso-motor phenomenon analogous in Dieulafoy's opinion, to the initiatory phenomena of symmetrical gangrene. Dieulafoy is inclined to lay stress on these phenomena as symptoms. Their value is, however, far from absolute, as any one of them might be produced by other causes than uræmia. The pruritus, the need of micturition, the *digiti mortui*, are all found in other conditions than nephritis.

**PAINFUL WRIST AFFECTION.**—Dr. E. H. Bradford, Boston, Mass. (*New York Medical Journal*, July, 1882), relates three cases of a painful wrist affection the symptoms of which were: pain referred to the middle of the carpus; slight swelling; no constitutional disturbance, and with no, or but partial interference, with motion of the articulation between the carpus and the radius and ulna. The symptoms were relieved by fixation, and recovery took place finally after a period of rest. Judging from analogy, it seems probable that these cases were somewhat similar to the synovitis of the medio-tarsal joint, described by Gosselin under the term *tarsalgia adolescentium*;

differing somewhat in their course from the fact that the wrist, a part easily immobilized from the first, and not the tarsus, was affected. Leaving out of account the smaller synovial membranes of the carpus (those between the pisiform bone and the cuneiform, the trapezium and the metacarpal bone of the thumb, the ulna and the fibro-cartilage at the joint) there are two large synovial sacs, that between the main carpal bones and the radius and cartilage covering the ulna, and that between the main bones of the carpus, of which the *os magnum* is the larger and central bone. From the symptoms in the cases reported, the inflammation was evidently one affecting and limited to, this latter synovial sac. They may therefore be termed cases of synovitis of the carpus.

**SCARLATINA.**—Dr. J. A. Ochterlony (*American Journal of the Medical Sciences*, July, 1882,) basing his opinion upon the careful study of fifty-eight cases of scarlatina occurring under his own observation, advocates the theory of Eklund, of Stockholm, whose observations as to the parasitic nature of this disease he has repeatedly confirmed. In the urine of scarlatinous patients there is constantly present an immense number of peculiar cellular bodies which have received the name of *plax scindens*. They consist of sporodial cells, flat, oval, or round, and either colorless or yellowish-white; they have a distinct cell-wall, and a nucleus of a clear, brownish color. Sometimes the nucleus contains a very minute nucleolus. As seen floating about in the fluid examined, they often exhibit rotatory or screwing or see-saw movements. It has been further observed that these little bodies multiply by division of the nucleolus, then the nucleus divides, lastly the cell itself undergoes division; mycelium filaments never develop from these cells, nor do they arrange themselves in beads or in the *zooglœa* form. These bodies are always found in the blood and urine of scarlatinous patients.



**AMMONIA CARBONATE AS A STIMULANT.**

—Dr. E. P. Brewer (American Journal of the Medical Sciences, July, 1882,) comes to the following conclusions respecting this salt: First: Carbonate of ammonia, administered by the rectum, cellular tissue, and intestine, is almost completely robbed of its stimulating properties. Second: By the stomach it acts with great power when the full play of the gastric juice is permitted; the converse being apparent when the acid of the gastric juice is neutralized. Third: That the ultimate results of the chemical union is a product totally different in power and latitude of action from carbonate of ammonia. Analysis of blood made soon after the exhibition of a dose of carbonate of ammonia show an excess of ammonia. Whence it is claimed the effects of the salt are due to the liberation of free ammonia.

**VACCINAL CICATRICES AND PROGNOSIS.**

—Dr. Landrieux (Gazette Hebdomadaire, June 2, 1882,) claims that in deciding prognosis in small-pox, not only the number but also the character of the vaccinal scars must be taken into consideration. The scars are divided into genuine and spurious. In seventy-one cases of small-pox having more than three genuine vaccinal scars, three died. Of ninety-eight cases with less than three genuine scars, twelve died. Of one hundred and forty-three cases with more than three superficial scars, twenty-nine cases died. Of one hundred and thirty-three cases with three or less vaccinal scars, thirty-one died. These figures tend to indicate in a general way that vaccinal cicatrices may be of value in determining the prognosis of variola.

**RETRACTILE ALBUMEN.**—Dr. Rodet (Lyon Médicale, April 23, 1882,) has recently shown that Bouchard's views respecting the retractile character of albumen as a test of renal disease, are not tenable since this appearance of retractility is due to the character of the reagent employed.

**BORATED GLYCERINE IN CHANCROID.**—Dr. Thin (Lancet) claims to have had excellent results in phagadænic and gangrenous chancroidal ulceration, from the use of borated glycerine. The ulcers are kept constantly soaked in the glycerine, and soon take on a healthy appearance.

**BACTERIA AND HEALTHY TISSUE.**—Drs. T. W. Nott and V. Horsley (Journal of Physiology, January, 1882,) claim to have demonstrated that bacteria or their germs exist in healthy tissue. The number of the organisms varies with the portion of the body examined.

**BENZOIC ACID IN CHYLURIA.**—Dr. G. C. Roy (Indian Medical Gazette, April 1, 1882,) reports a case of chyluria in which ten grain doses thrice daily were attended by markedly beneficial results, after a month's treatment.

**THE Queen's County New York Medical Society** elected at its last meeting, Dr. Overton, of Cold Spring, as President, Dr. Lindsay, of Huntington, as Vice-President, and Dr. Finn, of Hempstead, as Secretary.

**POISONING BY LOBELIA.**—A man was recently poisoned in England by lobelia administered as an emetic by one of the Coffinists, who believe "that heat is life, and without heat disease and death result."

**DR. E. C. SPITZKA** has been elected Professor of Medical Jurisprudence and State Medicine, in the New York Post Graduate School of Medicine.

**DR. S. V. CLEVINGER** has been elected professor of Artistic Anatomy in the Chicago Academy of Fine Arts.

**MR. LAWSON TAIT** has recently pronounced against vivisection; except of the human being.

**DR. D. W. CHEEVER** has been elected Professor of Surgery in the Harvard Medical School.

**DR. CARL MAYRHOFER**, Professor of Gynecology in the University of Vienna, died June 3, 1882.

**MR. SPENCE**, Professor of Surgery in the University of Edinburgh, died June 6, 1882.

## LOCAL.

## COLLEGE OF PHYSICIANS AND SURGEONS.

The College of Physicians and Surgeons of Chicago, will commence its first regular session about October 1, 1882. The college is situated on the North West corner of Harrison and Honore streets.

## COOK COUNTY HOSPITAL.

During the last three months there have been seven hundred and seven patients treated on the medical side, with a mortality of seventy-one. On the surgical side, five hundred and forty-seven cases were treated, out of which number, twenty-one died. In the gynæcological and obstetrical departments one hundred and thirty-seven cases were treated, with only one death and that on the gynæcological side. There were thirteen patients treated in the eye and ear department, making a total of fourteen hundred and four cases treated, with a mortality of ninety-three. Many of the major operations were successfully performed, and among them an ovariectomy with recovery, the first in the history of the hospital. The daily average number of patients has been three hundred and forty-eight. The hospital is greatly over-crowded and the number of applicants for admission is unusually large for the summer months.

## CHICAGO MEDICAL SOCIETY.

The regular meeting of this Society was held June 26, 1882, at the Grand Pacific, Dr. J. H. Hollister presiding. Drs. J. A. Robinson, G. H. Randall, A. J. Cregan and F. H. Martin were elected members of the society. Dr. Boerne Bettman read a paper on "Improved Imbedding Masses, and a New Sliding Microtome." Dr. N. S. Davis read a paper on "The Means of Lessening the Mortality from Infantile Bowel Affections." He called attention to the fact that nearly one-third of the race die before the fifth year from intestinal diseases. He proposed to discuss the prevention rather than the cure of such diseases. The ma-

jority of the authorities on pædiatry class serous diarrhoea and cholera infantum with local inflammations under the general name of catarrhal gastro-enteritis, and look upon improper feeding, impure and changed milk, teething, over-worked, badly-fed and unhealthy mothers as the chief factors in the ætiology of these diseases. Bad food and milk were, however, equally prevalent in winter and summer. Mothers were unhealthy in December as well as in July, so that were these causes of infantile diarrhoeal diseases, they should be equally prevalent in all seasons. Statistics show that the prevalence of these diseases is almost entirely restricted to the period between the last weeks of June and September. The diseases are not very prevalent where the range of temperature is slight, and where the summer nights are cool. The quality of milk furnished in San Francisco and New Orleans is about the same as that furnished to Chicago and Boston, and mothers are not more free from ill health, yet the mortality from infantile diarrhoeal diseases is but five per thousand in San Francisco and seven in New Orleans against twenty-five in Boston and thirty in Chicago. The causes are therefore not equally prevalent in great cities. It was obvious that the air was heated and stagnated till the person inhaling it breathed in but little oxygen, and this deficient oxygenation had a much more marked influence on the immature organization of the child. Efforts to lessen infantile mortality should, therefore, embrace such measures as will secure for young children fresh, pure air. He recommended also a free use of sponge bathing morning and evening and frequent jaunts to the lake side and promenades in the open air.

At the July 3 meeting the paper was still further discussed. Dr. Fenn regarded a knowledge of disease ætiology necessary as a preliminary to treatment. The causes of the disease were heat, wet and cold, exhalations from the bodies of parents during sleep, and laundry exhalations. The indi-



cations therefore were pure air and pure food, at times ice water was of benefit conjoined with pure milk. Dr. J. H. Rauch believed that sanitation was all important. Dr. D. M. Tucker was of the opinion that the first indication was to re-establish the intestinal and dermic functions. The liver required treatment in well-marked cases. Small doses of calomel, soda, and bismuth will meet these indications. Pure milk is imperatively indicated. Dr. G. C. Paoli claimed that each case should be treated on its own merits. Children cannot stand the too much used "opium treatment." Silver nitrate in one-twentieth to one-twelfth grain doses had at times good results. Dr. S. Strausser said that long continued lactation was a great cause, as also phymosis, hence circumcision might be at times necessary. Bismuth subnitrate and chalk mixture were of great use. If head symptoms were present, aromatic spirits of ammonia answered well. The advertised infant's foods were worse than useless. Dr. J. H. Bates claimed that the trouble is first with the nervous system and the diarrhoea is sympathetic. Tepid baths were of benefit at all stages. He agreed with Dr. Strausser as to the value of infant foods. Dr. C. W. Earle was of opinion that cholera infantum properly so-called, was very rare. There are several diarrhoeas which affect children during the summer season; simple diarrhoea, entero-colitis, dysentery and cholera infantum. Phosphate of soda was indicated in the first two, which were the result of bad diet. Some of the advertised foods were of value. Dr. J. H. Hollister was of opinion that heat through its effects on the nervous system produced the disease. He believed that calomel was at times of great value in one-ninety-six grain doses alternated with chalk mixture. Paregoric was sometimes useful. Dr. Lester Curtis believed that calomel in minute doses is of great value and has often saved the lives of many children. Extreme heat was an active cause of infantile disease. The society then adjourned.

## STATE BOARD OF HEALTH.

The State Board of Health met June 30 and July 1, at the Grand Pacific, with Dr. Gregory in the chair. A letter from Dr. Duvroa in regard to yellow fever which recently occurred at New Orleans was read. Dr. Rauch called attention to the fact that the Marine Hospital at Cairo was in the Government Building there, to which the people of that city objected, and Congress was urged by a resolution to immediately make an appropriation for a new hospital at Cairo. Drs. Rauch, Ludlam and McLean were appointed a committee to confer with the faculty of the College of Physicians and Surgeons in regard to the examination of the graduates of the new college. Dr. Edson made an explanation in regard to his expulsion from the Eclectic Medical Society. Dr. Rauch made an elaborate report on the work of the inspectors of the National Board of Health. The Board, on motion of Dr. H. A. Johnson, adopted resolutions approving of the work of the National Board of Health. Dr. Gregory read a report on the "Sanitation of Small Cities," in which he called attention to the defects in sewerage, drainage and water supply usual to such places.

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CHRY SOPH ANIC ACID INTERNALLY.—The use of chrysophanic internally in psoriasis is something of a novelty. Dr. Napier (Glasgow Medical Journal, June, 1882,) has recently treated two cases of psoriasis by the internal use of chrysophanic acid. The beginning dose was one-eighth of a grain rubbed up with sugar of milk, and gradually increased. The results obtained were excellent. The remedy is sometimes too irritating externally, in which case its internal use would seem to be indicated. In the resulting discussion before the Glasgow Medical Society, Dr. Charteris was of opinion that the drug acted by absorption, which was also the opinion of Dr. Stevens. Dr. Napier believed that psoriasis was cured by chrysophanic acid given internally.

## ORIGINAL CONTRIBUTIONS.

*A PRATICAL DEFINITION OF INSANITY.*

BY E. C. SPITZKA, M. D., NEW YORK.

Professor of Medical Jurisprudence and State Medicine  
in the New York Post-Graduate Medical School,  
President of the New York Neurological Society,  
Secretary Permanent Commission  
of the New York Medico-Legal Society,  
President of the Manhattan  
Medical and Surgical Association,  
W. & S. Tuke  
and Hammond  
Prize Essayist,  
etc.

Insanity is a term applied to certain results of brain disease and brain defect, which invalidate the integrity of the mind. It is erroneous to state that insanity is itself a disease,\* it is merely a symptom or a collection of symptoms which may be due to widely different morbid conditions, having this one feature in common that they involve the organ of the mind. The term in fact occupies a place in scientific nomenclature analogous to "aphasia." Aphasia is a symptom which may be an evidence of congenital defect, gross disease or impalpable and evanescent derangements of innervation. It is not the speech disturbance, but the lesion of the brain, be it a hæmorrhage, a necrosis, or a temporary anomaly of nutrition, that gives a name to the patient's disorder.

Theoretically it should be likewise with insanity. The disease producing this symptom, may be an inflammation of the brain and its appendages, or a brain injury, a defect in brain development or a brain wasting, a malnutrition of the brain or a brain intoxication, and in these conditions should we seek for the groundwork of a rational nomenclature, or at least of a patho-anatomical demarcation of the morbid states underlying mental disorder. Unfortunately sufficient positive observations, on which a patho-anatomical and patho-physiological definition and classification of the diseased states manifesting the symptom "insanity," could be based, are as yet desiderata, the scalpel, the test-tube, the microscope, the sphygmograph, the ophthalmoscope and the balance have been diligently employed by most earnest able investigators, but this apparatus and the best methods of the laboratory have more frequently failed than succeeded in revealing the organic condi-

tions responsible for the disturbances referred to. It is for such reasons that while the ideal aim of the progressive alienist is the solution of the great problem of the somatic foundation of insanity, he is commonly limited when he makes a diagnosis, to a recognition of symptoms, when he classifies, to a classification of symptoms, and when he treats insanity, to a treatment of symptoms. The conceptions and processes of mental science are still empirical and traditional to a very great extent, and this is largely due to the fact that the conventional sharp discrimination between insanity and other symptoms of disease of the fore-brain is an arbitrary and artificial one.

The definition of insanity is as debatable a point as any connected with the subject. For the reason just hinted at, that the demarcation it involves is not a scientific one, and that the term is not the outgrowth of a scientific but of a practical need of our vocabulary it is difficult to give a definition completely covering this conception and not encroaching on foreign ground. Without venturing on a specious discussion, I will submit the following as an approximately accurate definition, it appears to me to include the entire domain of insanity, to exclude all that which is not strictly speaking insanity, and to define the prominent and essential features of that symptom:

Insanity is either the inability of the individual to correctly register impressions and experiences in sufficient number to serve as rational guides to rational behavior in consonance with the individual's age, time and circumstances, or, such impressions and experiences being correctly accumulated in sufficient number, a failure to co-ordinate them and thereon frame logical conclusions, or any other gross mental incongruity with the individual's surroundings in the shape of subjective manifestations of cerebral disease or defect, excluding the phenomena of sleep, trance, somnambulism, the ordinary manifestations of the neuroses, such as epilepsy and hysteria, of febrile delirium, coma, acute intoxications, and the ordinary immediate results of nervous shock and injury.

This definition excludes the elements of immaturity, of defective education and the influence of great popular movements as well as of superstition on the human mind. It assumes as the standard of mental health that of the age which the individual has

\* In its vernacular sense; that there are forms of insanity constituting pathological entities (that is distinct disease-forms), is well known.



reached, the period of time in which he lives, and the class of society in which he moves. In other words, this definition accommodates itself to the fact, that the standard of mental health is a variable one. A lack of understanding, of reasoning power, and of responsiveness which would be a grave indication of unsoundness of mind in a person of previously high intellectual power and culture, might not have such a signification in a member of a lower class or in a member of an inferior race. The normal intellectual status of a Tasmanian, is quantitatively inferior to that of many phenomena of actual insanity, and the conditions on which they depend are with some reason compared to anthropological degenerations in an atavistic sense.

Beliefs which in the earlier periods of history were articles of creed, with the majority of mankind, would to-day rank with the insane delusion. The behavior of the adolescent, would if marking the conduct of a person of mature years, have a sinister signification which it does not have, with the period of life to which such conduct naturally appertains. The fantastic tendencies of youth, the conservatism, lethargy and miserly inclinations of old age, are phrases of the normal evolution of mind. But fantastic tendencies in a person of middle age, prodigality and romancing in aged persons, or habitual suspiciousness and lethargy in a child, and all these, under ordinary circumstances, constitute wide departures from the standard of mental health of these respective periods of life.

## CORRESPONDENCE.

### PROFESSIONAL CHANGES—GASTRECTOMY—THYROIDECTOMY—NEPHRECTOMY—LISTERISM.

VIENNA, June 8, 1882.

*Editor of the Chicago Medical Review,*

Possibly the daily papers may have contained the news that Professor Billroth has been tendered the place soon to be made vacant by the retirement of Professor Langenbeck, in Berlin; at all events it has been the gossip of the week in professional circles in Vienna. The probabilities are that he will decline it; indeed, the local papers state that he has already done so, and that he has recommended Czerny, of Heidelberg, as being the most suitable man. Billroth is evidently very fond of his former pupil, for when Dumreicher died

he did all in his power to have him called to the vacant place, but other influences were stronger and Albert was brought from Innsbruck as Dumreicher's successor.

Professor Chiari, who was for years the trusted and valuable assistant of Rokitsky, and who has for some time been the pathologist of the Rudolph Hospital, has just been tendered the position of Professor of Pathological Anatomy at Prague, and will make a notable accession to their already excellent faculty.

At the opening of the spring semester, Billroth took occasion to show during one of his clinics, four patients who had undergone resection of the stomach, or more properly speaking of the pylorus, and they all appeared in excellent health. And a week or so ago he exhibited a fifth, who was also in apparent good health. Still I am not aware that he has repeated this operation very recently.

Within twenty-four hours I had the pleasure of seeing him do his two hundred and fiftieth ovariectomy, and his thirteenth extirpation of the uterus, privately, and an extirpation of a large goitrous thyroid gland, with several operations of lesser magnitude in his public clinic. But this was a good day for surgery, at least for the spectators; nevertheless the patients all did well. In his ovariectomies the knife is hardly used at all after the abdomen is opened, but pedicle, or omentum, or whatever is to be divided is first ligated with silk, and the division is then made with the knife of the thermo-cautery. It seemed to me in more than one of his operations that he did not cleanse the abdominal cavity with sufficient care, and yet it may be presumptuous in me to criticise the work of such a master. However, I venture to think that those who have seen much of German surgery will agree with me in the opinion that while there is a vast deal in it to admire and to imitate, there are occasional features to be condemned.

Within one week here there were three Porro operations made, one by Spaeth and two by Gustav Braun. All three mothers died, two of hæmorrhage and one of sepsis.

A case of more than usual interest as illustrating the difficulties of diagnosis, is the following which recently came under Dittel's care: A woman had what was considered to be a tumor of the left kidney, probably sarcomatous. The operation for extirpation being decided upon, the usual incisions were made in the lumbar



regions, but these being evidently insufficient, another was made around the side and almost to the linea alba. The tumor was found to be of the size of a child's head and to apparently consist of concentric layers. After careful dissection and investigation no correct idea could be found as to what it was or from what it originated. In the meantime the patient manifested such alarming indications of shock that rather than have her die upon the table, Dittel closed up the incisions, dressed them with iodoform and returned her to her bed. Post-mortem examination on the second day revealed a tumor of the size stated above, but springing from the sheath of the third lumbar nerve.

The spray is almost absolutely a thing of the past in Vienna. It is sometimes used to disinfect a room before operating, and once in a great while it is kept up during the whole operation. But in the ordinary surgical clinics the atomizer is never seen. The part to be operated on is carefully washed with soap and carbolyzed water, the instruments are laid in the same, and both during and after the operation irrigation is practiced, usually with a three per cent. solution. Then the iodoform gauze is applied, over this some ordinary gauze, then some gutta-percha paper or similar material, next a considerable thickness of absorbent cotton, and finally the ordinary roller. This dressing is not changed any oftener than it is customary to change the Lister dressings, and I think no one will deny that the results are just as good as under strict Listerism.

For the past year or two I have from time to time read statements from foreign correspondents to the effect that more than one of the professors here had positively passed the period of his usefulness, and should be forced to give way to some younger man. Especially strong had these statements been in the case of Professor Arlt, that he had to read from one of his books, and be continually prompted by one of his assistants. I was much interested in seeing him, therefore, and forming my own opinion. I found him a very tall man, with a very red nose (more than suspiciously red), in a most uncouth and ill-fitting attire, but with plenty of vigor and fire to do several operations each morning, and to look over at least a hundred and fifty patients. And instead of having to be prompted by his assistants he was ever ready to correct or direct them, while his

remarks upon cases of any interest were almost always terse and to the point, and some of them, more especially upon the pathology, struck me as eminently worthy of consideration, and judicious.

And just here, and as showing the wealth of material at command in Vienna, (which by the way is by far the most valuable feature of the place,) let me say that in one morning I have seen Jaeger make four cataract operations, and then going over to Arlt's wards have seen him make three more. I calculate that in this one city there are done annually nearly half as many cataract operations as in the whole United States. Of course, cataract is vastly more frequent here than with us at home.

One thing has struck me very forcibly during my stay here, and that is that considering the large number of oculists here there is an annually large percentage of people who are allowed to grow up with defects of vision which could be remedied, squint in particular. One meets so many cross-eyed people on the street, and perhaps two or three in one street-car full, that one can hardly help but notice it.

Among the vast amount of clinical material here, one meets so much of interest, as well as so much rubbish, that it is as hard to tell where to stop as where to begin, when describing. Each day convinces me, however, that there is too much here, that the student who tries to see it all must signally fail, and that he is better off at some smaller place where he can do more thorough work, and I know I am not alone in this opinion. ROSWELL PARK.

#### AMERICAN MEDICAL ASSOCIATION.

ST. PAUL, July 1, 1882.

The work of the sections cannot be said to have compared favorably with that of other analogous bodies in other countries. Many papers read have been old acquaintances, and are well known to the association.

#### SECTION ON PRACTICE.

The first paper read before this section was that of Dr. J. H. Tyndale, of New York, on the "Home Treatment of Phthisis." After a general discussion of the subject, he gave the following as the factors, which go to make up a clinical picture of the disease: First: A destructive process in the lung itself. Second: General septicæmia. The therapeutics, devised by the Doctor, was as



follows: First: Antiseptic treatment of the local lung lesion. Second: Antiseptic treatment of general septicæmia. Third: Aiding digestion and assimilation in order to enrich the blood and through it to rebaptize the nervous centers and the muscles (primarily the heart and diaphragm) with normal blood.

Dr. Shoemaker read the next paper on the "Therapeutic Action of the Chlorate of Potassium."

The drug was discovered in 1786, by Bertholles, and was used for the first time by Fourcroy in 1796, with the idea that it might transmit some of its oxygen to the body. At its introduction this salt was principally recommended in scurvy, Chaussier proposed it as a remedy in croup.

It had completely fallen into oblivion, when Dr. Blanche, repeating the experiments made in 1847 by Hunt and West with this medicine in the treatment of gangrene of the mouth and pseudo-membranous stomatitis, was led to try it in the treatment of pseudo-membranous croup. The doctor added that he had met with marked and decided success from its internal use in scrofulous skin diseases; likewise Dr. M. Landesberg of Philadelphia has reported very gratifying results from its topical application in epithelioma of the eyelids.

He then passed to a consideration of its properties; its physiological action is said by some to be largely due to the great amount of oxygen which it contains, and therefore it is looked upon as the most potent agent in the treatment and cure of all maladies dependent on subordination or defective nutrition, secretion, excretion, æration and molecular metamorphosis.

He then passed to the consideration of its therapeutics, showing its decided action on the system, and that it acts in some hitherto unexplained manner in abnormal conditions of the blood, changing its character, and overcoming morbid states. "The utility of this salt as a gargle in the treatment of mercurial salivation and ulcers of the mouth and throat, is universally attested. In the proportion of a drachm to a glassful of water it is of service as a gargle in the various varieties of stomatitis; often quickly relieving the dry, red, and follicular congestion of the mucous membrane, and healing the ulceration when it exists. As a local application and gargle in inflammation and ulceration of the tongue, patiently and long continued, more particularly in the latter, it seems to do more good alone,

or at times in combination with astringents, than any other remedy. Used either as a gargle, or applied locally with a brush or by atomization, in simple catarrh of the larynx, it has been constantly used in many cases with positive and curative action.

He has used a solution of chlorate of potassium, one or two drachms to a half a pint of water, as a gargle in diphtheria and phthisis. In subacute and chronic stages of otorrhœa an injection of chlorate of potassium in the strength of five to ten grains to the ounce of water is often effective. In ozæna a douche of a solution of the chlorate of potassium in the proportion of one drachm of the salt to a pint of water will cleanse and thoroughly disinfect all the parts.

As an injection also in leucorrhœa in the strength of one or two drachms to a quart of water will often prove very useful by lessening the discharge and relieving all congestion of the parts should any exist. In gonorrhœa used as an injection two or three times a day in the proportion of five or ten grains to an ounce of water, it will very often produce an alterative impression upon the parts, and completely arrest the discharge. As an injection in chronic dysentery, in moderately strong solutions (3i to ʒi) its use has been recommended.

The chlorate of potassium will bring about a beneficial effect in chancroid applied either in a solution or dusted over the parts. Also in obstinate and chronic ulcerations, gangrenous sores and ulcers, discharging fetid secretion, either alone or dissolved in water. In pustular eczema, the use of a solution containing one or two drachms to the pint of water, applied with old muslin, will very frequently lessen the discharge and heal the surface.

He then referred to its internal use, and said that the chlorate of potassium as a remedy in croup and diphtheria has been used with great advantage by many eminent and experienced practitioners, from the time that it was first successfully applied by Chaussier in 1819, then by Hunt, Blanche, Isambert, and Drysdale, and others up to the present day. It should in these diseases be given in decided doses, in from five to thirty grains three or four times daily.

He has secured marked benefit from its use in phthisis. In marasmus, particularly in children, the use of small doses of this salt has a very satisfactory and beneficial influence. He has administered from one



to three grains, three or four times daily, to weak and puny infants, who would regain their nutrition and fatten on its use in conjunction with good food. In animals it acts upon the relaxed mucus membrane of the digestive tract and so restores its functions. In the eruptive fevers, rotheln, scarlatina, morbilli, erysipelas, full and often repeated doses will very often fill the surface with arterial blood and bring out an abundant crop of the eruption. In erysipelas, it may arrest the poisoned state of the blood and diminish the tendency to suppuration in the parts. It has also been said by some observers to be of service in typhus and typhoid fevers. For diseases of the skin the chlorate of potassium given in various doses according to the ability with which the patient bears the drug, is of the greatest value either in modifying or curing very many cutaneous affections. It is especially efficacious in ecthyma and in boils, carbuncles, hordeolum, pustular acne, pustular eczema and sycosis; it lessens the tendency in many cases to suppuration, and should this latter condition be established before administering the salt, it will be largely instrumental in overcoming the abnormal state of the system. Its effective action in carbuncles was recently reported by Dr. Boardman Reed of Atlantic City, at a meeting of the Philadelphia County Medical Society, September 22, 1880. Dr. Reed stated that the salt had been used upon Dr. Shoemaker's recommendation who was in consultation with him. "The patient, a young girl had two carbuncles, one on the back of her neck, and the other in front of the ear; they afterward extended until the affected area was about five inches in extent. The patient was very weak. She became feverish and her pulse was rapid and feeble, very little hopes of her recovery were entertained until the chlorate of potassium was used in decided doses." Under good food with iron she rallied. He reported his first observation upon the action of this drug in 1880, to the Section of Practice of Medicine, New York City, and since that time he has not only had continued good effect from this salt, but has also had from many physicians letters and short accounts of cases corroborating the results he had previously arrived at. The doctor further showed the good effects from it in scurvy, influenza, yellow fever, rheumatism, cyanosis, hæmophilla, dropsy, syphilis, etc., and

then gave the manner of its administration.

"If given in small doses it will pass quickly and more readily into the circulation taken before meals diluted with water. If on the other hand very large doses are administered it will probably be better borne by the stomach after meals." The dose will vary according to the affection and the condition of the patient. He usually gives it in from one-half to thirty-grain doses every one, two or three hours, freely diluted with water. In the above doses it is well borne by the stomach, even in those who are very weak and enfeebled. He generally begins with a small dose and gradually increases this until the patient shows some sign of its effect. Those who are large, flabby, and apparently vigorous, will improve under smaller doses, as large amounts sometimes increase the quantity of fat on the body. On the other hand the pale, weak, and enfeebled will bear much larger doses, and will increase very rapidly in weight. Dr. Hollister thought the physiological action of the drug was not clearly established. Dr. Grant was inclined to believe that it acted merely as antiseptic. Dr. Bennet believed that it acted as an antiphlogistic, sedative and eliminative.

Dr. Davis believed the drug increased the capacity of the blood to hold in solution oxygen taken from the air cells in the lungs; also in the diffusion of oxygen in the serum. He was sorry Dr. Shoemaker had not added to the knowledge of the agent by experiment, and thought there was too much collation of old ideas and facts and too little that was original.

Dr. Hollister stated that twenty-five years ago the question of the uses of chlorate of potassium was warmly discussed, and an enthusiast in the matter, Dr. Fountain of Iowa, undertook an experiment on himself. In less than a year he died from an overdose of the drug which produced acute gastritis. In his death the profession lost a brilliant member.

Drs. Lester, Bell, and Boyd participated in the discussion, which was closed by Dr. Shoemaker, who claimed that his paper was original in that it showed the therapeutic action of the drug in diseases, its action upon which is not described in any works on materia medica. He further stated that he had used the drug upon himself in a case of diphtheria, and in other cases among his friends.

Dr. Campbell made a verbal report rela-



tive to narcotic poisoning. He disclaimed being an anti-tobacconist, said he used it, but he knew the habit was a second nature and he hoped that some suggestions might be made as to the proper dose of nicotine or some such agent to be administered in diminishing quantities, to secure a cure of the habit of using tobacco when such a cure becomes necessary. Why not treat the user of tobacco as the opiophagist and the habitual drunkard are treated.

Dr. Cook believed there was no need of the minute dose. He had found himself cured by a severe attack of illness during which he lost all appetite for the weed. Dr. W. P. Shoemaker believed the loss of appetite for tobacco was caused by the presence of some other stimulant. Dr. Ochterlony called the attention to the fact that in some diseases, such as cancer in the stomach, even in incipient stages, patients who had been a slave to tobacco lost all taste for it. There was some general discussion of the narcotic habits.

Dr. Shoemaker read a paper on "The Treatment of Syphilis by Subcutaneous Sublimate Injections," in which he took the ground that this means of treatment yielded the best results, inasmuch as it did not occasion gastric disturbance. The parts usually chosen for the injection were the infra-scapular and sacral regions. Injections into the gluteal regions had also been made on either side, into the side of the thorax and into the thighs and legs, but the infra-scapular and sacral regions were decidedly best, as the pain of the injection was not so great or persistent as in the other parts.

The skin surrounding the puncture would become a little red or swollen in a short time which would disappear at longer or shorter intervals, at the most in a few days time, though in some cases they would remain for quite a time, forming hard spots which would gradually disappear, leaving no bad results. In the one hundred and thirteen cases treated there were neither inflammation nor abscesses.

Many of the patients had had mercury previously given them by the mouth without, any decided results either upon the disease or, any toxic evidence of the absorption of the mercury by the intestinal canal. Others were totally unfit to receive the drug internally, being debilitated and broken down, or having weak digestive organs and an irritable state of the intestinal tract. This system of treatment enables

the physician to give tonic remedies by the mouth, together with a good, substantial and nourishing diet, which can be properly digested, and the combination acts promptly and effectually upon the disease.

The paper was discussed by Drs. Gallagher, of Pittsburgh, J. H. Bennet and Frey, who expressed their concurrence with Dr. Shoemaker's views. A paper on "The Astringent Plants of the Pacific Coast," by Dr. Gibbons, of San Francisco, was read by title.

Dr. N. Donnelly read a paper on "Potash Salicylate in Dyspepsia and Rheumatism." Two and a half years of the use of salicylate of potassa had proved to him the usefulness of the drug in acute rheumatism. Previous to its introduction the treatment of the disease by alkali proved at once correct in principle, safe and certain in practice, neutralizing the acid and restoring the blood to its normal alkalinity, but slow in action. When salicylic acid was introduced, physicians hastened to prescribe it. But it was soon found that very large doses of the remedy were required to obtain the desired results, and that such large doses cause in a majority of cases serious heart complications. Salicylate of soda superseded this preparation and was found a safer remedy, yet not quite free from the danger of inducing pericarditis and endocarditis, for though the combination of the acid with soda promised well in theory it has disappointed the expectations looked for, he thought, because the drug being a neutral salt is not sufficiently alkaline to correct the acidity of the blood in acute rheumatism, and so long as the blood remains acid the danger of cardiac disease will exist. But he was convinced that there was merit in salicylic acid, provided it could be employed with safety, and he made experiments hoping to find some alkali in greater proportion than soda, so as to produce a thoroughly alkaline salicylate, which he finally found in the bicarbonate of potash.

Two parts of bicarbonate of potash and one part of salicylic acid dissolved in a little water formed a neutral solution. The potash was then increased in quantity until one part of the acid united with two parts of potash, say ten grains of acid to twenty grains of alkali in a drachm of water, formed a clear alkaline solution. This solution, evaporated to dryness, left a strong alkaline salt of grayish color, sweetish taste, soluble in double its weight in water,



which he called salicylate of potassa. The action of this remedy is very rapid. It becomes absorbed rapidly, and its influence is felt in a few hours in mitigation of pain. In mild cases the urine and perspiration become alkaline in character in a few hours, but in severe cases several days are required to affect these secretions. This point once reached improvement is progressive. The sediment in the urine disappears, the metastatic character of rheumatism goes with it, and the case goes on to recovery. The remedy is used until all pain and swelling are relieved, and it is then necessary to guard against relapses, which appear at this stage, owing to the lessened powers of resistance to cold of the patient, caused by thinness of the blood. Restoration of the rich, warm normal condition of the blood is most readily accomplished by the use of an alkaline form of iron, and the best of all is tartrate of iron and potassa. As to the causes of rheumatism, most all physicians agree that abnormal digestive secretions take a prominent part in forming the lactic acid in the blood. This remedy is too valuable in the treatment of flatulence, pyrosis, heartburn and loss of appetite, in fact all symptoms of dyspepsia of the acid form, to be passed by without mention. Its power in controlling fermentation first led him to prescribe it in flatulence given in powder after meals. It not only relieved this symptom but digestion improved under its use. With an experience of over two hundred cases of dyspepsia cured by salicylate of potassa, he can unhesitatingly recommend it to any of the bitter tonics. It will be found successful in nine cases out of ten, the tenth one requiring mineral acids, owing to the bilious condition of the patient.

Dr. Hollister said that in Chicago there was much rheumatism. He used the salicylates with much more benefit than was obtained with other remedies. He used fifteen grain doses every three hours of salicylic acid to reduce temperature. Their use should be guarded on account of their depressing influence on the heart's action. Salicylates were a local sedative to the nerve-extremities in the mucous membrane of the stomach. Dr. Wykoff, of Buffalo, found anodynes unnecessary in rheumatism, he had used salicylate of potash with great benefit. Dr. Gallaher, of Pennsylvania, found salicylate of soda good in rheumatism, and doubted the advantage of salicylate of potash over that of soda. Dr. Thos.

N. Reynolds, of Detroit, had used salicylate of soda with benefit frequently, but not invariably, in rheumatism. Believed cases should be selected, if possible, in the administration of any form of treatment. Had seen good results from hourly minim doses of hydrochloric acid in water alone, in acute rheumatism, which suggested to him that the alkaline treatment was not always an indispensable element in the treatment of rheumatism. Constitutional and local miasmatic and climatic influences often determined the line of treatment; and we should not rely too conclusively on any one drug or plan of management. Dr. Kyle, of Indiana, thought salicylates of soda and potash useful; but found quinine and iron indispensable in malarious districts. Dr. Shoemaker, of Pennsylvania, thought potash was required in the blood in rheumatism. Dr. John A. Ochterlony thought the soda and potassa salicylates were more particularly applicable in recent and very acute cases with high fever. In the obese, alkalies were more beneficial. In sthenic cases aconite and veratrum viride often produced most rapid and satisfactory results. In the anæmic and weak he preferred large doses of tincture of the chloride of iron. As will be seen none of the physicians seem to have met with the delirium produced by salicylic acid.

#### SECTION ON SURGERY.

After organizing by electing a chairman and secretary, the work of the section was begun by Dr. C. Seiler, of Philadelphia, making some remarks on "Electricity in Surgery." Much more could be accomplished by the use of electricity, with less pain to the patients than by other means. The use of the galvanic wire is not attended by pain, and cuts like a knife. His own battery could be easily regulated by the foot. A battery after his plan could be constructed very cheaply by almost any one. He had used it for the last fourteen months, four or five times a day. In the common galvano-cautery battery, it was almost impossible to secure regularity in operating. But he had secured a motor power by which he had even removed the epithelium from his own tongue without injury. Owing to the refusal of the Association to admit the New York delegates, several papers were not read, as the authors seemed in doubt respecting their right to read them.

Dr. Hill read a paper on "Gastrostomy."



He said that he was the first to resort to this surgical procedure in 1855. The case was caused by eating unripe peaches. Attempts were made to relieve the patient by anodynes, hot fomentations and cathartics, but without avail. On the third day of the attack he observed a lump about the size of a hen's egg in the right iliac region. A diagnosis of invagination of the ilium within the cœcum was made, and nothing short of surgical interference could offer any hope of relief. Chloroform was administered and an incision five inches in length made, the substance giving the impression of invagination found and on pressing the bowels it passed into the cœcum and disappeared.

The edges of the wound were approximated and secured by hare lip sutures and with adhesive plaster, a compress and tight fitting bandage completing the dressing. The wound united by first intention on the sixth day the pins were removed, and after a slight peritonitis the patient was able to be out of bed on the fourteenth day. Four weeks from the operation the recovery was complete. During twenty-seven years of surgical practice since the operation, many times he had wanted to repeat it in like cases, but on account of strong medical opposition had not done so and the patients died.

Dr. Peck, of Davenport, Iowa, reported similar results in a like case. Dr. Hallack, of Kansas City, had performed gastrostomy but without as good results as Dr. Hill and Peck. Dr. Lee said that the earlier the operation was performed the better the chances of success. Dr. Charles T. Parkes claimed that three difficulties existed: First: Fear of interfering with the peritoneum. Second: Difficulty in finding the exact situation of the trouble. Third: The difficulty in ascertaining the time when the operation should be performed. He cited several severe cases of injury to the peritoneum, one being a boy, who, falling from a height, became fixed on a picket fence, bowels and peritoneum protruding from both the entrance and exit of the point of the picket; results were that no rise in temperature or pulse noticed, and no peritonitis followed.

Dr. C. C. F. Gay, of Buffalo, read a paper on "Anchlylosis of Hip in the Straight Position." Anchylosis may be true or false. True anchylosis may be straight or angular partial or general; it may be limited to a single joint or involve them all at once.

False anchylosis is the rule and true anchylosis the exception. No period of life is exempt from it. Childhood and old age are subject to it. It is sometimes congenital. In the movable articulations (diarthrosis) we have both forms of anchylosis. It is most frequent in the hinge joints (gyn-glymus), and most rare in the ball and socket joints (enarthodia). Anæsthesia is often necessary to differentiate the true and false or fibrous anchylosis.

Questions of risk to life and limb almost present themselves when considering the advisability and feasibility of breaking up an anchylosed joint, and the first question that arises has reference to the probability of obtaining such measures of relief of deformity as shall be sufficient to compensate one for the risks taken.

The second question as to choice of operations: the selection of that which best promises immunity from danger, avoids the maximum of risk and gives greatest guarantee of good results. The innocuousness of violent manipulation of anchylosed joints is most wonderful, yet it cannot be ignored that operations upon the larger joints are attended with more or less danger, which is sometimes, it must be conceded, more imaginary than real.

Drs. W. M. Banks, and Erickson relative to the indications for destroying false anchylosis were quoted, and Dr. Gay claimed that if these statements be literally true, and if it must be acknowledged that modern surgery has no recourse for straight anchylosed limbs, then this class of patients are in a helpless condition. The case herewith reported which illustrates the risks of an operation by fracture will assist one in arriving to a correct solution of the questions involved. It is a case the treatment of which, though not carried forward to completion, nevertheless constitutes a contribution of some value to the surgery of anchylosis of the hip. A patient, twenty-two years of age, entered the Buffalo general hospital with the following history: He was a healthy unmarried farmer. In 1874 had three different attacks of rheumatism. One year since he took medicine for this disease, which was followed by convulsions. He became unconscious and remained so three hours, after which he was paralyzed. He gradually regained use of his arms and ankle joint, but the hips and knees became permanently anchylosed with the limbs in straight position so that the axes of the femur and the trunk cor-



responded. Before any attempt was made to relieve the limbs it was believed that the ankylosis was extra and not intra-articular. The patient was willing, since he was obliged to maintain the recumbent posture, to undergo any reasonable risk provided encouragement could be given of relief.

Accordingly it was agreed that if upon trial it was found impracticable to restore mobility to the joints, the neck of the femur should be fractured with the view of making a false joint. March 26 the patient was etherized, when it was ascertained that the ankylosis was of long existence and complete. The pelvis was now secured to the operating table, the limb grasped at the great trochanter with both hands while assistants maintained firm hold of the shaft of the femur. It required but little force for a short time applied to fracture the neck of the femur, but whether the fracture was intra or extra capsular could not be ascertained, nor was it material. The capsular ligaments were thought to have been previously destroyed by disease. But little pain followed the operation and on the second day the patient was comfortable. The limb had been brought up to a right angle with the body but was left extended for a few days, after which motion was made and practiced from time to time. A little later the limb was suspended by means of a cross bar to which was attached a rope and pulley, the patient being able himself to move his limb in any direction.

May 7, six weeks after fracture, the patient was again etherized and the opposite limb fractured by the same method at its neck, and addition adhesions of both knees broken up and the limbs flexed beyond a right angle with the thighs. The patient was put to bed with his limbs in a straight position, and an anodyne administered hypodermically as often as it was required. There was much pain of the knees but less inflammatory action than had been anticipated. On the 9th the pulse was 131, temperature, 100°; 10th, 100 and 101°; 11th, 100 and 99½°; 12th, 106 and 94¼°. He rallied well from the shock of the operation, and no motion of the limbs was made for a few days. At length, when passive motion was made he complained of pain at the knees and required an anodyne. It was subsequently ascertained that a few drops of water hypodermically injected, had the same effect as morphine, and it was given during subsequent treatment. About

the middle of June or six weeks after the last operation, the patient received preematory orders to return home and a brother came and took him away against protest. At this time there was no osseous union and as he was beginning to sit up in bed his prospects were good, provided good treatment could have been continued.

This paper was discussed by Drs. Hill, Lee, Prince, Owen, McCann, of Pennsylvania, and Ransohoff, of Cincinnati. Dr. Andrews considered the operation as giving good results. He had been led to fear shock which he considered very liable to follow. Dr. Poore thought there was not the least danger of shock. He had performed over sixty similar operations, and in no case has he had serious results. He thought ether oftentimes caused the death of the patient which was ascribed to shock.

Dr. Stewart read a paper on "Fracture at the Elbow joint." Dr. G. W. Nesbitt, of Sycamore, Illinois, read a paper on "United Fracture of the Femur Treated by Exercise." Non-union of fractures is uncommon in surgery. It has been estimated that it does not occur in a larger proportion than one in five hundred, and as fractures of the femur are rare it follows that a case as above mentioned would happen once in a lifetime. After exhausting all the ordinary means to perfect union, and failing, a doctor is ready to avail himself of any suggestion. The plaster of Paris dressing was used by Dr. Nesbitt and the patient was compelled to move around without the use of crutch or cane. By this means a union in a fracture of nearly eighteen months' standing resulted. Dr. Keller, of Arkansas, thought that the case had not been treated correctly at the right time. He thought any fracture of the long bones should be treated by plaster of Paris dressing rather than splints. Dr. Carpenter, of Kansas, said he had used plaster of Paris dressing for fifteen years. He thought when properly applied it was the only dressing. Dr. Sayre, of New York, said that he had talked so much to the Association on proper treatment of fractures and plaster dressing that he should think they would be tired of hearing him. He explained in detail his manner of treating and dressing simple and compound fractures. In a case in which the patient suffering from comminuted fracture of the humerus had been treated with permanent dressing and in six weeks, when the mold was removed, the arm was practically well



and the union complete. He had within the past six months treated half a dozen fractures and thus was successful in every case. He always had his plaster bandages prepared and could put one on in a parlor without any litter or dirt. In reply to a question by Professor McLean, of Ann Arbor, he said he had no cases of non-union in his individual practice where he had applied his permanent plaster dressing, and he thought that if the plaster bandage were applied properly union would always be perfect..

Dr. Pruett, of Missouri, wished to know if Dr. Sayre used the same dressing in all cases of fracture, if so, how did he prevent shortening in fractures of the femur. Dr. Sayre said he never confined himself to one class of splints, but he had in cases of fracture of the leg obtained good results, no shortening, and had allowed the patient to be out the second day. Dr. Sayres then explained the situation of his patient in bed, the counter extension apparatus to which he was attached, the fractured limb extended till the fractured ends were in apposition, then with the leg still held in that position the bandage of plaster was applied from instep to above the pelvis, and retained till the bandage had dried; then, as the plaster could not shrink, the plaster would necessarily remain the full length of the limb.

Dr. McLean, of Ann Arbor, said that an outsider would gain the impression from the remarks that where a non-union occurs the surgeon is responsible. He held that in some cases where the fracture had been correctly treated non-union occurred. Dr. Sayre said that the constitution had a deal to do with the union of a fracture, and that he did not mean to say that in all cases union results; but in the majority of instances it would. Drs. Atlee, Philadelphia; Garcelon, Maine; Pratt, Stillwater; Forbes, Iowa; Flanner, Michigan; Keller, Kansas; Wesnolen, Georgia; McClaine, Michigan; Norey, Illinois; Pruett, Missouri, and Freeman, Illinois, further discussed the paper. Dr. Nesbitt closed the discussion.

Dr. McLean exhibited a patient whose left eye and forehead were disfigured by an aneurism of the orbital blood vessels. She was twenty years old, perfectly healthy, and sight was not impaired; the tumor commenced with a simple birth-mark over the eyebrow and had grown gradually, but more rapidly of late, to its present size; it was a common pulsating tumor in-

volving the eyebrow, scalp orbital organs, but had not caused absorption of the bone. An operation had been performed on the patient six years ago, but without success. He thought from the partial examination he had made that if the common carotid was tied the tumor could be removed without serious results. He asked that the members examine the tumor. Drs. Moore, of Rochester, N. Y., and Pruett, of Missouri, were not in favor of ligature of the common carotid artery. Both gentlemen thought that by tying the direct arteries supplying the tumor it could be removed without danger. Drs. Byrd, of Quincy, Illinois, and Halleck, of Kansas, advised removal with the galvano-cautery. The case was further discussed by Drs. McLean and Lee. Dr. Rauoshoff made some "Contributions to Hepatic Surgery." Dr. Byrd read a paper on "Excision of the Intestinal Canal where Covered with Peritoneum," which was discussed by Drs. Pruett, Garcelon, Ellis, Moore, Vaughn, Morris, Markham and Allen. Dr. E. Andrews read a paper on "The Proper Points for Incision in the Drainage of Suppuration within the Knee Joint."

#### SECTION ON PÆDIATRY.

The first meeting of this section was not by any means a success. It was poorly attended and adjourned without doing anything. At the second meeting Dr. N. S. Davis read an interesting and valuable paper on "Causes of Cholera Infantum," in which he took the ground that heat played an important part in the production of this disease. Dr. Lee read a paper on "Rachitis," which was discussed by Drs. Davis, Earle and Warden, after which the section adjourned.

#### OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

The first paper read before this section was that on "Recurrent Laryngeal Hæmorrhage," by Dr. W. Porter, of St. Louis. It consisted mainly of the history of two cases which had come under Dr. Porter's notice, in which the hæmorrhage seemed to come from the lungs; there were local evidences of pulmonary disease to sustain this opinion, but in neither was this true, the blood coming entirely from the tonsillar artery, the lungs not being in the least affected. A great amount of ulceration in the larynx is not necessary in order that hæmorrhage be induced, and bleeding may occur re-



peatedly and under such circumstances as to simulate hæmoptysis.

Various cases were then reported. A communication was received from Dr. B. Joy Jeffries relative to action by the association on the approval of the petition to Congress for the calling of an international commission to consider and agree upon standard methods of testing visual acuteness and color blindness, and standard requirements of these necessary qualifications in the navies and merchant marines.

Dr. Calhoun, of Atlanta, Georgia, reported a case of vaccination of the eyes. Other cases of interest were then reported by Drs. L. Connor and C. R. Agnew.

#### SECTION ON STATE MEDICINE.

This section was called to order by Dr. A. L. Gihon, U. S. N. It proceeded at once to discuss the resolution referred to it by the association. The resolution forwarded by the Indiana State Medical Association, praying the American Association to petition Congress to empower the National Board of Health to supervise the supplying of vaccine virus, was first discussed. Nearly all present took strong grounds against this resolution being reported on favorably. All felt the need of having the matter regulated by some power, but preferred that the State and local boards have full control of the matter rather than the national government. Among those opposing the resolution were Drs. Ames, Massachusetts; Stevens, Indiana; Sears, Texas; Williams, Pittsburg, Pennsylvania.

Dr. John G. Lee, of Philadelphia, read a paper on "Suicide in the City and County of Philadelphia During the Past Decade." This chiefly consisted of carefully prepared statistics. Dr. Lee came to the following conclusions: More married men than single commit suicide. More single women than married put themselves to death. Men choose the more violent means, such as shooting, cutting throats and hanging. Women chose poisons and narcotics. Suicides are generally committed in some part of the house; very rarely are they out doors, except in cases of drowning. They occur more frequently in times of low barometer pressure, and after pay day among the working classes. They occur with greater frequency among those in straits and hard circumstances. Suicides are most frequent among Americans and scarcest among the Irish. The favorite

methods are as follows: Irish, hanging or drowning; English, shooting or cutting throat; American, shooting or hanging; German, shooting and drowning. The paper was evidently suggested by Morsellis book. Dr. Hughes, of St. Louis, then read a very able article on the "Rights of the Insane," in which he said that the present age is pre-eminent for the observance of human rights. The structure of our government is founded on the dogma of human rights. It is the vital principal of our republic. It is the duty of the physician to speak for the rights of the insane. Physicians were the first to recognize these rights, the first to free them from the dungeons in which they were immured, the first to disabuse the popular mind of the prejudice against the incane. The State has made ample provision for this class of unfortunates. So princely have been the provisions, that by some they have been called extravagant. Insane people have the following rights: First: A right to a medical inquiry, by medical men and by medical methods into the character of their disease. Careful diagnosis should be made by competent men accustomed to such inquiry. Second: The right to judicial rulings on their behalf when put on trial, in accordance with medical science and not according to the judicial conception of insanity. Third: The insane should be protected from themselves and the consequences of their malady and the State must provide for them asylums. The insane should be prohibited from marriage for the sake of the unborn. Better not be born at all than be born insane. The State should annul all marriages with the insane so far as is consistent with public morals and the sacredness of the marriage tie. After discussing topics connected with the abuse of alcoholics the section adjourned.

#### SECTION ON OBSTETRICS.

The first paper read before this section was by Dr. Beverly Cole, of San Francisco. He discussed the application of forceps. He did not accept as true the doctrine of Playfair which teaches that the forceps must in all cases be applied, whether at the superior strait or lower with reference to the axes of these straits, but ignores the importance of the child's head. The latter was an important element in forceps application. Tarnier's forceps were regarded as too clumsy, too heavy, too complicated and too insecure in its application. He exhibited a new instrument. His views



were upheld in the ensuing discussion by Battey, of Georgia. Dr. Granger, of East Boston, Massachusetts, exhibited a new modification of Elliot's forceps, which was discussed by Drs. Nelson, of Chicago, Dunste, of Ann Arbor, Nesbitt, of Sycamore, Burke, of South Norwalk, Connecticut, and Morris, of Ironton, Ohio.

Dr. D. T. Nelson, of Chicago, advised the use of one per cent. carbolic acid warm water injections and the internal use of quinine as a means of avoiding sub-involution of the uterus. Reports on Progress in Oophorectomy was made by Dr. Batty, he said he had ceased to follow Listerism. Dr. Cole believed Listerism was dead. The discussion at the late International Congress was alluded to, and Dr. Coles claimed that Mr. Lister admitted every allegation against the method known by his name. Dr. Cole was not an opponent to antiseptic surgery, but did not believe that any one could say that one wound was septic and another aseptic. All good surgery was antiseptic, since cleanliness was at its foundation. He doubted that existence that there was any germicide of sufficient strength to kill the germs and yet be safe for the patient.

Dr. Prince, of Illinois, did not receive the same impression from the discussion at the International Congress as did Dr. Cole. He did not believe that germs could be cultivated in a solution of carbolic acid of the strength of one thousand per cent., while water, which had been boiled, and which Dr. Cole recommended, would not destroy them. The brilliant success sometimes obtained without antiseptic measures did not in any way explain the remaining cases where antiseptics have been so beneficial. Dr. Cole read extensively from Mr. Lister's remarks in support of the position he held concerning the method of dressing. The Chairman defended Listerism. He knew Mr. Lister to be right in certain directions and believed, that Dr. Cole was correct in others. He defined an aseptic wound as analogous to a simple fracture and a septic wound as to a compound fracture; that is, in a septic wound there is something from without which enters and changes its character.

An Elastic Serrated Uterine Scoop and Curette, devised by Dr. Jos. H. Warren, of Boston, was exhibited. It was designed to be used in the removal of uterine tumors. Dr. Prince, of Jacksonville, Illinois, exhibited an instrument by means of which

the sewing-machine stitch could be made, and regarded it as especially adapted to operations for recto-and vesico-vaginal fistulæ. Dr. Dunster believed ovariectomy should unhesitatingly be performed in the following classes of cases. First: Peritonitis resulting from rupture of a cyst, with discharge of its contents into the peritoneal cavity. Second: Peritonitis following tapping or aspiration. Third: Peritonitis with marked effusion. The doubtful cases belong to that class in which there was a low grade of irritative inflammation incident to the presence of the tumor. Dr. Battey, and Dr. Jenks, reported cases which had been operated upon while peritonitis was present, and recovered.

A paper on "Imperfect Retroversion of the Uterus," was read by Dr. H. F. Campbell. Special attention was directed to the assistance offered by placing the patient in the genu-pectoral position while replacing the organ. A paper by Dr. W. W. Potter, of Buffalo, N. Y., on the "Gynecic Value of the Genu-Pectoral Position," was read and the two gave rise to a joint discussion.

Dr. H. L. Gertz, of Marshalltown, Illinois, read a paper entitled "A few Practical Points on Ruptured Perineum." The points were that all cases can be treated successfully, except where the sphincter is involved, by position and without sutures. Movements from the bowels should be secured before placing the patient in position, and after that no passage should be allowed for four or five days. Keep the wound clean and every foreign body away from it. Dr. Gertz exhibited a Uterine Repositor. It consisted of a flexible bougie into which was introduced a steel stylet with a disc on the end. The method of use was to introduce the largest bougie the uterine canal would admit, allow it to remain a few minutes, remove it, and introduce another, and then the stylet was used, pushed on until resistance was encountered, then pushed carefully, and finally it would go into the entire length of the canal, where it may be allowed to remain a few minutes and then removed. Dr. H. F. Campbell thought the method obviated the danger arising from the use of the stem pessary, a straight, stiff, or slightly curved stem, which was liable to wound the mucous membrane of the delicate organ and at once establish traumatism. After some discussion of general business the section adjourned.



AMERICAN NEUROLOGICAL ASSOCIATION—NERVE STRETCHING IN ATHETOSIS—SPINAL CONCUSSION—COUNTY MEDICAL SOCIETY—LEPROSY.

NEW YORK, July 11, 1882.

The chief matters of interest since the last Review has appeared have been the meeting of the American Neurological Association, and the Sanitary Conference at Greenwood Lake. The meeting of the former body was relatively well attended. The West was not as well represented as usual, nor were there as many papers capable of exciting general professional discussion. The first paper read was on the "Myography of Nerve Degeneration in Animals," by Dr. R. W. Amidon. Dr. Beard read a metaphysical essay on the "Symptoms and Diagnosis of Insanity," which dealt with the subject from a purely *priori* standpoint. Dr. Putnam, of Boston, reported a case of central myelitis, and Dr. Seguin a case of injury to the motor area of the brain. Dr. Hammond called attention to the so-called family, or hereditary form of locomotor ataxia, first described by Freidreich. In this form lancinating pains do not exist as a rule. There is no swaying of the body on closing the eyes. The affection extends upward till the speech becomes affected. The pupils are equal, not contracted, and respond to light. The three cases reported by him at this meeting were all children. Dr. Seguin was inclined to regard the disease as disseminated sclerosis. Dr. Hammond said that the absence of tremor on attempting voluntary motion, was evidence that this was not the case. Drs. Rockwell and Morton were of like opinion. Dr. Bannister last year read a paper on mania produced by the bromides; this year he made an additional contribution to the subject, and demonstrated that the mania was directly due to the use of the bromides and not to the stoppage of epileptic attacks. Dr. Mills alluded to the distinction between epilepsy and hystero-epilepsy, and also to the fact that there existed a maniacal equivalent of the epileptic attack. Dr. Seguin made a contribution to the history of arsenical myelitis which led Dr. Hammond to report a case of myelitis produced by copper poisoning. Dr. W. J. Morton read a paper on "Mechanical Vibration as a Means for the Relief of Pain." Dr. S. G. Weber discussed lead poisoning and took the view that the original lesion was in the peripheral nerves and not central. Dr. C.

K. Mills reported several cases of brain tumor. Dr. A. D. Rockwell claimed to have used conium in the treatment of post paralytic chorea with great success. Dr. Morton said that he believed any severe treatment would cure chorea. Drs. Edes, Seguin and Hammond called attention to the fact that conium was usually given in absurdly small doses. Dr. G. M. Hammond reported a case of athetosis improved by nerve stretching. Dr. V. P. Gibney reported a case in which a displaced odontoid body slowly compressed the spinal cord. Dr. W. A. Hammond read a paper on the "Malady of the Scythians," which was an acquired form of sexual perversion produced by horse-back riding and masturbation. Dr. Hammond had noticed this condition among the Pueblo Indians. Allusion was incidentally made to the case of Lord Cornbury, reported by Dr. Spitzka (Chicago Medical Review, August 20, 1881). A case of hæmorrhage into the pons was reported by Dr. F. T. Miles. Dr. C. L. Dana attempted to show that the spinal cord was affected by subcutaneous stretching of the sciatic nerve. Dr. Edes reported a case of degeneration of the postero-lateral columns of the cord produced by concussion. Dr. Morton made a report as to the results obtained by him from the use of static electricity. Dr. Birdsall read a note on the sleeping disease of Africa. Dr. Seguin reported a case of vertebral cancer with hemiplegia. Dr. Schmidt reported a case of tumor of the fourth ventricle without special nervous symptoms.

The following officers were elected for the ensuing year: Dr. R. T. Edes, President; Dr. W. J. Morton, Vice-President; Dr. E. C. Seguin, Secretary and Treasurer. Drs. F. T. Miles and J. C. Shaw, Council.

The Sanitary conference attracted but little attention, but some interesting facts could be gleaned from the papers read thereat. Certain observations were reported which tended to show that the destruction of trees exerted an influence on the production of malaria. The opinions expressed were however much too absolute.

COUNTY MEDICAL SOCIETY.

At the June meeting of this society Dr. Henry G. Piffard read a paper on leprosy, illustrated by a patient in the tuberculous stage of the disease. The patient was a native of Japan who came to this country several years ago. At home his business was that of an agricultural laborer, but



after his arrival here he went to work in a packing-house. The disease was developed in the United States, and he was admitted to the New York Hospital in the latter part of May, and subsequently sent to the Island, where he came under the notice of Dr. Piffard and Dr. Sturgis. His limbs were already covered with well-marked leprous tubercles, shrunken, and rather ghastly in appearance. Dr. Piffard in discussing the case, noticed the increase of leprosy in this city of late years, and dwelt particularly upon the theory of Dr. Fitch, who has studied the disease in Honolulu. He also read a letter from Dr. Emerson, who is medical superintendent of the leper colony situated near that city, and who proposed certain questions as to the histological changes in the disease. These Dr. Piffard described at some length, showing that tubercles are built up by cell development and proliferation, terminating in a mass permeated with fibres and of pretty solid consistency. He compared the tubercles of leprosy with those of the disease of which Dr. Fitch claims that it is only the fourth stage, with results adverse to the view taken by the latter. He called attention to the increase of the disease in this city of late years, but observed that only two of these cases were among native New-Yorkers, the rest being immigrants from leprous countries. Although not contagious in the same sense as small-pox or scarlet fever, Dr. Piffard advocated the isolation of leprous patients. Dr. Jacobi dissented from the idea of isolation as unnecessary, and Dr. Rawson and Dr. Carpenter related cases in which the development of scales on the skin was a marked feature. Dr. Piffard replied that the disease thus described was not true leprosy. The Greeks described two diseases in their medical works. The one styled elephantiasis, which was the true leprosy of modern science, and the other styled lepra, which was identical with psoriasis, and not leprosy proper. The word used in the New Testament was lepra, and the revisers were in error in leaving the old translation, leprosy. In the Old Testament the word zala was used to designate true leprosy. Dr. Sturgis closed with a description of leprous fever, the spots and tubercles of the disease, and the dry necrosis of the fingers and toes that marks its advanced stages.

A comical incident occurred the other day. A young Israelite married a, so far as known, respectable but poor Christian

girl, on an acquaintance of twenty-four hours. His relatives instantly took steps to have him incarcerated in an asylum. There can be but little doubt from the evidence so far given that he is suffering either from hypomania, or the exalted stage of progressive paresis. The medical witnesses for the family, Drs. A. E. Macdonald, Washburn and Sprague, however injured their case by endeavoring to pronounce the man insane on the strength of the tremor of the hands. The weight of this testimony was seriously impaired by the fact that a few weeks before the patient had won a prize in a shooting match at a four hundred yard range. The chief medical witness when asked to give his definition of sanity said, "that condition of mind where man does his duty to his God, his neighbors and himself." It is remarkable how this witness could pronounce Guiteau sane, unless he assumes that in shooting Garfield, the assassin performed his "duty to his God, his neighbors and himself."

After this "expert," several equally dubious "experts," including a Dr. Wolfgang Goetz, took the stand to swear that the man was a miracle of sanity. The patient cunningly escaped from the court room while the doctors were wrangling over him, and reached New Jersey, where he laughed at the deputy sheriff who tracked him thither, knowing that the latter could not arrest him outside of New York State; result: Tableau of dejected and jubilant "experts," asylum keepers and court officers. J.

#### JABORANDI AND PRURITUS.

*Editor of the Chicago Medical Review,*

NEW YORK, June 7, 1882.

The item in the Journal of Nervous and Mental Disease, entitled "Jaborandi in Pruritus," was by a mistake of the printer attributed to Dr. Putzel when it was really one of my cases. I see that you have quoted it and naturally given credit to Dr. Putzel. You would oblige me much by making a brief correction. I have two other cases which I have been treating in the same way, and I intend to write up the subject carefully later. I would therefore like proper credit given at the beginning.

Yours very truly.

C. L. DANA, M. D.

66 W. 46 St.

CHOLERA has broken out in Japan and the Sooloo Islands.

## REVIEWS.

**A SYSTEM OF SURGERY.** Theoretical and Practical, by Various Authors. Edited by T. Holmes, M. A. (Cantab.) First American from the Second English Edition, Thoroughly Revised and much Enlarged, by J. H. Packard, A. M., M. D., Assisted by a large Corps of the most Eminent American Surgeons. In Three Volumes; Philadelphia: H. C. Lea's Son and Co. 1881.

The numerous strides which surgery has made during the past ten years, renders imperative a revision of any work written early in the last decade. Holmes' system of surgery of the edition of 1870 was well up to the time at which it was written. The advances made in surgery since then have made that edition antiquated. To revise an old book under such circumstances is an exceedingly difficult task. The author's individuality has to be preserved while perchance his most cherished theories must be rigidly eliminated. This is the task which Dr. Packard and his collaborators have given themselves. The first volume opens with an article on inflammation, by Dr. Burdon Sanderson, which is acceptably and carefully written. Mr. Simon also deals with the processes of inflammation. His descriptions are lucid, but the ideas are those of a past epoch, not colored by recent discoveries. The chapter on the treatment of inflammation suggests the time when mercurial and venesection were the alpha and omega of treatment. The sections on surgical fever seem also to have been written during the same period, and the American reviser, Dr. W. Hunt, has not brought them up to date. Mr. Craft, in his section on septicæmia, discusses both it and pyæmia, making a line of demarkation between the two, but his example is not followed by Mr. Callender who confounds these conditions in the section on pyæmia. The section on tumors, originally written by Sir James Paget, has been very well revised by Dr. Longstreth. Dr. Packard himself has carefully revised the section on fractures and dislocations. It will disappoint many to find that he has omitted all allusion to the use of silver sutures in ununited fractures. The article on tetanus, by Mr. Poland, has been well revised and corrected by Dr. J. S. Jewell. If we were permitted to take a single exception to this section, it would be that the

reviser has omitted to mention the epidemic form. Taking the three volumes as a whole, it may be said that while there is much that is of very great value, there is also much that is hardly useful to the modern surgeon. The book is certainly not very well issued. Typographical errors are numerous and somewhat inexplicable in a production issued by a house which is so old and deservedly popular.

## NATIONAL BOARD OF HEALTH

LIST OF HEALTH OFFICERS and Inspectors and Stations where Immigrants are inspected.

Boston: Health Officer, Dr. S. H. Durgin.

New York: Health Officer, Dr. Wm. M. Smith.

Philadelphia: Health Officer, Dr. U. T. Robinson; Inspector, Dr. R. Kilduffe.

Baltimore: Health Officer, Dr. Howard; Inspector, Dr. James A. Steuart.

Michigan, Port Huron: Inspectors, Dr. Hiram R. Mills; First Asst. Inspector, Dr. C. E. Spencer; Second Asst. Inspector, Dr. C. B. Stockwell.

Michigan, Detroit: Inspectors, Dr. John J. Mulheron and Dr. Rudolph G. Tescham.

New York, Hornellsville: Dr. J. H. Trumbull; Rochester, Dr. A. L. Perry.

Pennsylvania, Pittsburgh: Inspector, Dr. W. Snively.

Ohio, Cleveland: Inspector, Dr. C. B. Parker.

Indiana, Indianapolis: Health Officer and Inspector, Dr. E. S. Elder.

West Virginia, Grafton: Inspector, Dr. Wm. L. Vankirk.

Illinois, Springfield: Supervising Inspector, Dr. John H. Rauch; Chicago, Dr. R. E. Starkweather, on Chicago, Pittsburgh and Fort Wayne Railroad; Dr. W. F. Bundy, on Michigan Central Railroad; Dr. James G. Kiernan, on Lake Shore Road; Dr. J. J. Farrell, on Grand Trunk Railroad; Dr. F. C. Newton, on Baltimore and Ohio Railroad; East St. Louis, Dr. W. B. Connery.

## THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from June 13, 1882, to June 28, 1882.

By direction of the Secretary of War, the Medical Examining Board convened in New York City, by S. O. No. 223, Oct. 30, 1877, from A. G. O., is dissolved, to take effect June 30, 1882, and the following named officers, now members of the board, will report by letter to the Surgeon General:

Major Joseph B. Brown, Surgeon.

Major Joseph H. Bill, Surgeon.

Major Charles H. Alden.

S. O. 147, A. G. O., June 26, 1882.



# Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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THE PROPOSED CONTAGIOUS DISEASES ACT.—An act has recently been drawn up by a committee of the American Public Health Association appointed for that purpose, which is intended to secure uniformity in enactments concerning contagious diseases in the various states and territories. This act includes the venereal diseases, but does not license prostitution. The first section provides that any one who shall, knowingly, be instrumental in communicating any contagious disease shall be subject to six months imprisonment in the county jail. The second section provides that any person who, being the owner, agent, or occupant of any house, room, or place, having cognizance of the existence of any contagious disease among its inmates, shall fail to report the same to the proper authorities, shall be punished by fine and imprisonment or both. The penalty of imprisonment for failing to report contagion is somewhat of an innovation. The question arises, is this act capable of being carried out? At first sight there would seem to be many difficulties in the way; it makes every landlord, house agent, or room holder an enforced detective and a detective under circumstance in which sympathy comes strongly into play, and no one is inclined to take extra trouble gratuitously for the benefit of the general public. However, the act appeals very strongly to the selfishness of the average

human being. Landlords, agents, etc., are often at war with former tenants, and the latter would be very likely to inform upon them for purposes of private vengeance. To avoid this it might be absolutely necessary to keep a strict lookout on tenants, in order to obey the law. The act reaches also the common women, as these are the persons by whom disease is conveyed. The average man who has been infected by a common woman feels very revengeful toward her, and would be apt to report her as ill with a contagious disease. This would lead to imprisonment and to temporary closures of many brothels, the keepers of which would ultimately be compelled to exercise some sort of quarantine regulations. Against this it may be said that dread of exposure would keep in check feelings of revenge, but there is no special need to fear exposure. From the nature of things all communications made to the authorities would become privileged communications, and sufficient evidence for conviction would be found on examination of the accused female. Of course the legal plea that "people are obliged to criminate themselves," would seem to bar the way here, but the police could easily cut this Gordian knot by arresting this class of females on the general charge of disorderly conduct, and making such examination as the laws permit and the prison rules require under

such circumstances. Laws that appeal to self interest in such a way that the individual gains by obeying them, or loses largely by their infraction, are very certain of enforcement. To stamp out venereal diseases without recognizing prostitution has been a grave problem of state medicine. This law seems to furnish a tentative means of solving it. Its influence on the spread of other contagious affections may be salutary, but one great merit is the influence likely to be exerted on the spread of venereal diseases.

**SPOONS IN THE GASTRO-INTESTINAL CANAL.**—Dr. Samuel Kohn, New York (Medical Record, July 22, 1882) reports a case in which an insane patient swallowed three spoons. Some months after, a long spindle-shaped mass of fæces was passed, which, on examination, was found to contain three teaspoons. Similar cases are reported in Gaillard's Medical Journal, volume I, page 577, and in Poulet's Foreign Bodies in Surgery, volume I, page 137. Dr. Kohn's case was not attended by hæmatemesis as were the other cases cited, and the patient fully recovered.

**HYDROA OF THE MOUTH.**—Hydroa, when it occurs in the mouth, may give rise to certain erroneous diagnoses, syphilis for example, leading to energetic treatment which at best was useless. Dr. Quinquad (Annales de Dermatologie) has recently given a description of this affection which may be of service in differential diagnosis. The affection is essentially superficial and varies according to the region which it attacks. On the lips it begins by an intense redness on the median line or on either side of this line. It hardly ever has its place in the commissures which distinguishes it from the syphilides. The erythema is at first circumscribed, sometimes occupying the mucous membrane alone, sometimes the mucous membrane and the skin. The redness is like that of the

cherry. Within the first thirty-six hours it manifests an opalescence similar to that of the syphilides; ulceration follows upon the ingestion of irritating viands and gives rise to a slightly sanguinolent discharge. At this time the lips are covered with disseminated crusts presenting, here and there, fissures. These brownish concretions circumscribe whitish opalescent humid spaces which give place to vesicles. The same lesions may be met with on the inside of the lips, on the gums where it resembles an ulcero-membranous stomatitis, on the tongue where it simulates thrush, and on the palate. The eruption has three phases of evolution: an erythematous phase, which is very short; an erythematophyllectenoid phase, during which are produced the exudations; a phase of ulceration which simulates the mucous patches of syphilis and is followed by a period of repair. During all these stages pain is present. As a rule the eruption affects the mouth only when very intense and wide-spread; to this, however, there are some exceptions. The treatment consists chiefly in mild and astringent gargles.

**THE ACT OF ROTATION.**—Dr. Bechterew (St. Petersburg Med. Wochenschrift) has made a series of experiments upon dogs in regard to rotation of animals on their long axis after injury to the brain. He arrives at the conclusion that not only injury to the middle and posterior cerebellar crus, and deep injury to the medulla oblongata, produce rotation, but that lesion of the inner part of the crus cerebri in its whole course, from the thalamus to the pons, can also generate it. When the inner part of the crus cerebri is injured the rotation is about the uninjured side, while a lesion of the external layer of the crus cerebri causes rotation about the side of injury. The rotation about the long axis is produced through a lesion of those fibers which go from the cerebellum through the upper part of the crus cerebri to the corpora quadrigemina.



**BRONZE SKIN IN DIABETES.**—Drs. Hanot and Chanfford have recently reported (*Gazette Hebdomadaire de Médecine et de Chirurgie*, June 9, 1882,) two cases of diabetes in which a bronze skin similar to that of Addison's disease, existed. There was not any pigmentation of the mucous surfaces. On autopsy hypertrophic hepatic cirrhosis was found. The pigmentation is ascribed to the lesion producing the diabetes, to the hæmatic changes so produced and finally to the irritant effect from the hepatic changes.

**GASEOUS GANGRENE IN WOUNDS.**—Dr. Molière (*Lyon Médical*, January, 1882,) is inclined to believe that the primary cause of this form of gangrene is the development of a bacillus in the cellular tissue. The soil is prepared for this bacillus by the severity of the original injury-producing shock; by the exhaustion of the patient before being wounded. The region wounded exerts an influence; localities where cellular tissue is abundant being especially liable to it. Certain inflammatory diseases, scrotal œdema and erysipelas exert an influence. Dr. Molière is inclined to believe that Listerian dressings produce œdema, and so predispose to gangrene.

**CONVALLARIA MAJALIS IN CARDIAC DISEASE.**—Allusion was made in volume IV of the Review to the results obtained by Botkin from the use of convallaria majalis in cardiac disease. Dr. Germain Sée (*Le Progrès Médical*, July 8, 1882) has since been experimenting with the plant. He has used the leaf, flowers and stalk of the plant. An infusion of the flowers was absolutely inert. The extracts obtained from the leaves and flowers do not differ from those obtained from the plant as a whole. Two active principles are found in it: convallarin and convallaramin. The last is the most active and has been most frequently employed by Dr. Sée. A drop of a concentrated solution of the latter drug placed upon the head of a frog arrested it in systole in a moment. Similar results were

observed in experiments on the turtle. Dr. Sée reports twenty well-detailed cases in which he tried the drug in cardiac disease. Three of these gave inconclusive results. The other seventeen cases show that convallaramin is a much more powerful diuretic than digitaline. Of these seventeen cases five were cases of mitral insufficiency; two, cases of mitral stenosis; two were cases of cardiac dilatation; one a case of cardiac hypertrophy of adolescence; one a case of chronic pericarditis; one a case of Corrigan's disease; one a case of simple anæmia; two were diabetics and three were albuminuric. The remedy has no action on the gastro-intestinal canal. If cardiac irregularity existed, not due to a lesion of the cardiac orifices, the heart became regular within twenty-four hours after the administration of the remedy. The remedy has a wonderful effect on cardiac palpitations. On the peripheral arterial circulation it exerts a marked influence. The beatings which so much torment the victims of Corrigan's disease are quickly relieved by it. Arterial pressure is markedly increased, and the energy of the cardiac muscle is also. Under the use of the remedy the respiratory complications of cardiac disease are much ameliorated. Convallarine is also more powerful than digitaline, but should be associated with potassium iodide, or iodide of ethyl, in cardiac dyspnœa.

**AMMONIA IODIDE IN DIPHTHERIA.**—Drs. Gauthier and Walker (*Chicago Medical Review*, Volume III., page 85, and Volume IV., page 460) have called attention to the value of iodine, given internally, in diphtheria. Dr. V. Schroken-Ross, Yankton, Dakota, (*Medical News*, July 22, 1882) reports having had good results from what seems to be a modification of this treatment. He gives ammonia iodide internally and applies Lugol's solution to the throat every three or four hours. During the last five months he has lost but one case out of thirty-five cases.

**TYPHOID FEVER AMONG THE INSANE.**—Dr. C. M. Campbell, of the Durham County Asylum, England, reports (*Journal of Mental Science*, July, 1882) twenty-two cases of typhoid fever occurring among the inmates of his institution. Of these twenty-two cases, five recovered from the mental disease during convalescence from the fever. The mental convalescence of two patients was not unfavorably affected by their being attacked by typhoid fever. In one case mental improvement commenced during the fever, prior to which there had been no change, and proceeded with physical convalescence to recovery. One case of those which recovered had been regarded as hopeless; two had a very unfavorable progress prior to the fever. In ten of the cases the fever had no influence on the mental condition. The remaining cases were temporarily improved mentally by it. These cases are not by any means exceptional, similar cases of the favorable effect of other acute diseases on insanity having already been reported in Volume V. of the Review.

**PEPPERMINT OIL IN HERPES ZOSTER.**—Dr. J. Meredith, Birmingham, England, (*Birmingham Medical Review*, June, 1882) has, after an extended series of experiments, found that oil of peppermint allays the neuralgic pains so often present in herpes zoster sooner than any other anodyne. The oil is painted over the florid eruption and this is soon followed by a subsidence of pain. The idea of using this drug in such conditions is, however, not original with Dr. Meredith, as he seems inclined to think.

**THE SIXTH CEREBRAL VENTRICLE.**—The sixth cerebral ventricle (*American Journal of Neurology and Psychiatry*) is a feature of coarse encephalic anatomy, commonly ignored in text-books and monographs dealing with the brain. Like the fifth ventricle, which is not a true ventricle, that is, not derived from a modification of the

lumen of a medullary tube, it is a secondary formation. Just as the fifth ventricle is formed by the mesial faces of the atrophied hemispheric walls or the septum lucidum, the callosum and fornices, so the sixth is formed by the splenium of the callosum and the fornices. It is not constant, being found by Techini and Staurenghi in twenty-six subjects out of one hundred and forty-five. The cavity is lined with epithelium and may become the seat of a hydropsy. This "ventricle," first described by Verga, is known to the German anatomists as the "fornix ventrikel."

**PREGNANCY AT SIXTY-TWO.**—Dr. W. J. Kennedy (*Edinburgh Medical Journal*, June, 1882), has recently reported a case of pregnancy at the age of sixty-two. It was the woman's twenty-third pregnancy. The woman had menstruated since her thirteenth year, but had spent some years previous to her first menstruation in India. Her age was authenticated. She had been pregnant in her forty-seventh, forty-ninth, fifty-first, fifty-third, fifty-sixth, sixtieth, and sixty-second year. There have been a few similar cases reported among the negroes of the South.

**EXPERT TESTIMONY.**—A case was recently tried in Chicago which brought up this question in a new phase. A member of the Eclectic society was expelled for violating its code of ethics by advertising a patent medicine. He brought a suit of criminal libel against the president of the society. During the proceedings several lay witnesses were called to testify to the virtues of the medicine. Their testimony was excluded on the ground that they were not experts, and consequently not capable, legally, of giving evidence on the subject. The point at issue in the case was not of special medical interest, but this decision is, as it gives legal sanction to what has been long recognized as a fact by the profession. In the war against patent medicines this decision may yet prove of value.



**A VALUABLE DIAGNOSIS.**—A case of small-pox at Fort Worth, Texas, was diagnosed by the irregular practitioner in attendance as “erysipelas from the toes to the knees, measles from the knees to the waist, and seven-years itch from the waist to the top of the head.” In consequence of this diagnosis several persons, who were allowed to visit the patient, contracted small-pox.

**EXCESSIVE UTERINE MOBILITY.**—Dr. Grassi, Florence, Italy, (*Lo Sperimentale*, January, 1882), claims that this condition is not so infrequent as is generally thought, and is often mistaken for version. It alone may give rise to sufferings on the part of the patient which increases according to the rapidity and extent to which the uterus is subjected to motion. This condition may be congenital and may occur in nulliparæ, but, as a rule, is due to laxity of the uterine supports resulting from one or more confinements. The treatment, apart from meeting the general indications, consists in the adaptation of a well fitting pessary.

**PROGRESS OF HOMŒOPATHY.**—At the recent meeting of the American Institute of Homœopathy, at Indianapolis, Dr. Talbot, of Boston, read a report showing that there are seven thousand homœopathic physicians and two hundred and seventy-eight institutions in the United States; four national societies report one thousand and sixty-seven members; twenty-six state societies, one thousand, seven hundred and eighty-three members; one hundred and three local societies, of which sixty-six report two thousand, three hundred and fifty-five members; eighteen clubs, of which seven report seventy-nine members; twenty-three general hospitals, of which eighteen report one thousand, two hundred and sixty-eight beds; fifteen of these hospitals reported having treated last year six thousand, six hundred and seventy-five patients. The value of eleven of these hospitals is seven hundred and seventy thousand, five

hundred dollars. Of thirty special hospitals fifteen report eight hundred and fifty-nine beds, and nine of them treated last year ten thousand six hundred and nine patients. The cost and values of these hospitals are one million one hundred and six thousand dollars. Of twenty-nine dispensaries, twenty-seven reported having treated last year one thousand four hundred and sixty-nine patients. To these had been furnished two hundred and fifty-six thousand five hundred and eighty-nine prescriptions. Twelve medical colleges have had one thousand two hundred and sixty-seven students, and graduated four hundred and twelve physicians this year, and one thousand six hundred and eighty since they were founded.

**CRITERIA OF INSANITY.**—One of the pupils of Esquirol (*British Medical Journal*) asked his teacher to furnish him with a sure criterion for distinguishing the limit that separates reason from insanity. The next day Esquirol invited his pupil and two individuals, one of whom was most correct in his appearance and in his language, while the other was very loquacious, full of himself and of his future. When taking leave, the pupil reminded his master of the criterion which he asked of him on the previous evening. “Answer the question for yourself,” said Esquirol. “You have just taken dinner with a madman and with a sane individual.” “Oh!” answered the pupil, “the problem is not difficult; the sane man was that distinguished and well-informed man; as to the other, he was a chatterer and a fool who ought really to be shut up.” “Ah!” replied Esquirol, “you are making a great mistake; the one whom you took to be so very wise, believes himself to be God the Father, and affects in his manner the reserve and dignity which he believes belongs to his position; he is a patient at Charenton. As to the young man whom you took for a fool, in him you see one of the most illustrious of French authors—he is Honoré de Balzac.”

**TREATMENT OF PUERPERAL ECLAMPSIA.**—Dr. Carl Breus, Vienna, Austria, (*Archiv für Gynakologie* XIX 2, 1882), reports having obtained good results with the hot bath in puerperal eclampsia. The patients were put into a bath at a temperature of from 96° to 104° F., and by adding hot water gradually till the temperature of the bath was raised to from 107° to 113° F. The face alone was kept above the water. As soon as the patient was perspiring profusely she was brought to bed and wrapped up in warm blankets. After some two or three hours, the blankets were removed. The coma was never increased by the bath, nor did it bring on premature labor. The œdema decreased after the first bath, and was entirely gone by the third or fourth. The use of the bath does not furnish a reason for neglect of other treatment. Of the six cases treated by Breus but one died and the woman was suffering, in addition to eclampsia, from hepatic cirrhosis.

**DIAGNOSIS OF INTERCOSTAL NEURALGIAS.**—Dr. E. T. Bruen (Physical Diagnosis) says that to make a differential diagnosis between neuralgiæ and pleurisy and pulmonary disease, two things should be observed. The neuralgiæ are associated not only with pain but also with tenderness on pressure, the pleuritic and pulmonary affections with pain alone. The second is that neuralgiæ are unattended by fever, while the opposite is as a rule true in the other conditions.

**THE SOUTHERN MICHIGAN MEDICAL SOCIETY** met at Hillsdale, Michigan, July 26, 1882. There was a large attendance. Dr. H. D. Wood, of Indiana, presided. Dr. M. R. Morden discussed "Decayed Teeth in their Relation to Optic and Aural Diseases." Dr. A. R. Smart read a paper on "Diphtheria," Dr. A. F. Whelan presented a report on "Obstetrics," Dr. Hewitt reported a case of nephritis chronic, Dr. B. C. and C. E. Whitbeck reported cases of hernia and pelvic abscess, Dr. Brion Whelan

made a report on "Microscopy," and Dr. Smart a report on "Surgery." Dr. H. Peters, of Tecumseh, was elected President; Dr. W. Byrns, of Bronson, Vice President; Dr. M. R. Morden, of Adrian, Secretary. The next meeting will be held in Adrian in December.

**MERCURY AS A CAUSE OF HIGH TEMPERATURE.**—Mr. Simon Snell (Practitioner, July, 1882) reports a case in which mercury administered as an anti-syphilitic caused a rise of temperature to 104° F. On a second occasion mercury was administered and the temperature rose to 103° F. This is, perhaps, the first instance in which the use of mercury has been marked by a rise in temperature without constitutional symptoms preceding such rise.

**ROSACEOUS PITIRIASIS.**—Under this title Dr. Fournier (*Journal de Médecine et de Chirurgie Pratiques*, July 12), describes a pseudo-exanthematous affection; that is a dermatosis occupying a place between the eruptive fevers and the chronic dermatoses. The disease in question may arise in two different ways. It may be absolutely apyretic, or it may be accompanied with symptoms of constitutional disturbance, lasting from twelve to forty-eight hours, when they disappear and all that remains is a number of lenticular rosy spots which gradually fuse together. The eruption affects particularly the thorax, neck, and the places where the extremities join the trunk. It is markedly symmetrical. It appears in successive crops and lasts from four to six weeks; rarely less than three weeks and still more rarely more than four. Its tendency is to recovery. It is likely to be confounded with syphilitic roseola. From that affection it differs in its seat; in the tendency of the spots to fuse together, and in the absence of the constitutional symptoms of syphilis. It is most frequent among adolescents who have a delicate skin, and is more frequent among males than among females.



**BLOOD-LETTING IN METRITIS.**—Dr. J. Direra, (*Gaceta Medica Catalana*, May, 1882), claims that scarification is a valuable method of treatment in metritis and areolar hyperplasia. The time to begin the treatment is just after the menstrual epoch. Scarification should be performed on alternate days. The object is not so much to let out blood as to prick the gorged capillaries causing their contraction followed by uterine contraction. He concludes first, that scarification is a potent measure in the treatment of chronic metritis; in acute metritis it is also of value. Second: Local blood-letting is always indicated, general rarely. Third: Direct blood-letting from the uterine cervix, is a most valuable local means. Fourth: Scarification is best adapted to meet this indication. Fifth: In the second period of chronic metritis, it is, at best, useless. Sixth: Intra-uterine medication is a good adjuvant. Seventh: A pointed instrument is preferable to any other means. Eighth: Loss of blood is the chief agent in producing the beneficial results. Ninth: The scarification should be frequently repeated.

**BROMINE ACNE FROM MOTHERS' MILK.**—Dr. Kaposi (*Jahrbücher für Kinderheilkunde*) reports a case in which a nursing child nine months old presented the characteristic tuberculo-pustular eruption of bromine acne. The mother said, upon being interrogated, that the child had not taken any of the bromides, but that she had. The acne was obviously due to the presence of bromine in the mother's milk.

**UTERINE MUSCULAR TISSUE AFTER PARTURITION.**—Dr. Wojtschehoffsky (*Deutsche Medizinal Zeitung*) after having examined ten uteri from women who died within thirty-five days after delivery, comes to the following conclusions: First: The fatty degeneration of uterine muscular tissue on which the decrease in size of the uterus depends, begins immediately after parturition and continues over five weeks.

Second: The neck, fundus and body are alike the seat of this degeneration. Third: It was not determinable whether the degeneration began in the outer or inner uterine muscular layer. Fourth: The uterine interstitial tissue does not take an active part in involution. Fifth: Uterine blood-vessels take longer to obliterate than the entire involution. Sixth: The appearance of free pigment in the uterus is not even relatively constant.

**DISTANT RESULTS OF OVARIOTOMY.**—The operation of ovariectomy has, like other operations, such striking immediate effects that the after results are, by the great majority of operators, ignored. Special interest, therefore, attaches to the study which Dr. LeBec, Paris, France, (*Archives Générales de Médecine*, June and July, 1882), has made of these after results. He has, however, chiefly discussed menstruation, ventral hernia, uterine atrophy and lack of sexual desire as sequelæ of ovariectomy. He cites seventy cases of double ovariectomy. The menses reappeared regularly in fourteen cases; irregularly in nine cases; reappeared twice in three cases; once in four cases; in thirty-eight cases they never reappeared; of the two cases remaining no account is given. Of the women in whom they appeared regularly one was nineteen years old; six were between twenty and thirty, and five between thirty and forty. Among the curious cases cited is one from Duplay. In the case of a woman aged twenty-six double ovariectomy was necessary. After the operation menstruation did not return, but each month the patient experienced pain in the loins and spat up blood. She, however, became very fat. Among the other conditions which result from double ovariectomy are uterine atrophy and ventral hernia. The case of uterine atrophy cited is one reported by Battey. Ventral hernias are said by Dr. LeBec to be much more frequent where the clamp is used. Sexual desire is not affected according to him in the vast majority of cases.

LONDON LANCET.—The New York correspondent of the London Lancet will be glad to receive communications suitable for mention in correspondence, also books, pamphlets, or copies of original papers; if marked by authors in regard to special paragraphs, it may assist in securing recognition of the points in question. Address "Lancet," Box 3230 P. O., New York.

HÆMORRHAGE AFTER TONSILLOTOMY.—Dr. Lefferts (Maryland Medical Journal), in five hundred tonsillotomies found: First. A fatal hæmorrhage very rare. Second. A dangerous one occasionally. Third. A serious one in both immediate and remote results not very unusual. Fourth. A moderate one requiring direct pressure and strong astringents to check it common. In the majority of cases no trouble is experienced.

URETERAL EXPLORATION IN THE FEMALE.—Pawlek (American Medical Weekly, July 22, 1882,) has proposed an ingenious method of exploring the ureters in the female, which, in certain cases, may prove very useful. Placing the patient in the knee-elbow posture, the vesical triangle is more or less clearly defined on the anterior wall of the vagina, its apex being marked by a slight elevation, and its sides and base respectively by furrows and ridges. The furrows indicate the direction in which the instrument is to be passed, and, by a little searching, the orifice of the ureter may be found and catheterized even beyond the brim of the pelvis. Not only the distance to which the instrument can be introduced is an assurance that it is in the ureter and not the bladder, but there are two others. If in the bladder, the cavity of that viscus allows of free movement, which is not possible if the instrument be caught in the orifice of the ureter, and if the bladder be injected with milk or other colored fluid, the escape of milk or of clear urine by the catheter will give information as to the exact position of the catheter.

A NEW VAGINAL UTERINE EXTIRPATION.—Dr. P. Mueller Berne, Switzerland, (Centralblatt für Gynakologie, February 25, 1882,) proposes a modification of the vaginal method of uterine extirpation. One of the greatest difficulties in the vaginal method has been the ligation and separation of the first broad ligament. The second ligament can be much more easily dealt with since the uterus is separated from the first broad ligament, and can be drawn down in front of the external genital organs. Mueller proposes to ligate the first ligament as easily as the second by way of dividing the uterus either inverted or drawn down in two halves. Each half can with its ligament then be easily drawn down and the two ligaments tied with equal facility. Hæmorrhage cannot be much and may be easily controlled.

PUERPERAL UTERINE ATROPHY.—Dr. R. Frommel, Berlin, Germany, (Zeitschrift für Geburtshülfe und Gynakologie, VII. 2, 1882,) has, out of three thousand cases, found twenty-eight cases of puerperal uterine atrophy. The majority were badly nourished and prematurely old. Non-occurrence of menstruation is the most obvious symptom; the other symptoms are very general. The vagina is wide, and has a tendency to prolapse; the ovaries are diminished in size. The uterus is decreased in size in all its diameters. The sound should be cautiously used as the wall of the vaginal portions is lessened in thickness. Lactation seems to have important ætiological relations to the atrophy, also frequent child bearing. The prognosis is not good, but one case recovered. The treatment consists, besides meeting the general indications, in the use of cold friction, warm sitz baths, sounding the uterus, vaginal pessaries. As a means of prophylaxis, uterine involution in anæmic women should be watched, and if indications of uterine atrophy present themselves, nursing should be stopped.



THE Third Centennial Jubilee of the University of Wurtzburg will be celebrated on August 1, 1882.

**INNERVATION OF THE RECTUM.**—Irritation of the nervi erigentes causes, according to L. Fellner (Medical Record, July 29), a contraction of the longitudinal fibres, while it does not affect the circular fibres. These are supplied by fibres from the posterior mesenteric ganglion. The irritation of the long muscle fibres depends, not upon the condition of the rectum and its contents, but upon peculiarities of the blood in its vessels.

**CARBOLIC ACID IN HÆMORRHOIDS.**—Dr. H. Z. Gill (Medical Record, July 29, 1882), says: "There have been more than a dozen cases of piles treated by carbolic acid hypodermic injections. Many of them were of years' standing, and they now, even the worst, declare themselves entirely cured. The amount of acid injected was from five to ten minims, dependent upon the size of the tumor. The acid used was the crystallized, with just enough glycerine to hold it in solution. The operation was made slowly, and the needle slowly withdrawn. The course has been mild in most cases, and the results have been entirely satisfactory."

**FOREIGN BODIES IN THE AIR PASSAGES.**—Dr. Geist, (Medical Record, July 12, 1882), at the recent meeting of the American Surgical Association, read a paper on the above subject. The following conclusions were submitted by him: "First: When a foreign body is lodged either in the larynx, trachea, or bronchia, the use of emetics, errhines, or similar means, should not be employed, as they increase the sufferings of the patient, and do not improve his chances of recovery. Second: Inversions of the body and succussion are dangerous, and should not be practised unless the windpipe has been previously opened. Third: The presence simply of a foreign body in the larynx, trachea, or bronchia, does not make bronchotomy necessary.

Fourth: While a foreign body causes no dangerous symptoms, bronchotomy should not be performed. Fifth: While a foreign body remains fixed in the trachea or bronchia, as a general rule, bronchotomy should not be practised. Sixth: When symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay. Seventh: When the foreign body is lodged in the larynx, there being no paroxysms or strangulation, but an increasing difficulty of respiration, from œdema or inflammation, bronchotomy is demanded. Eighth: When the body is movable in the trachea, and excites frequent attacks of strangulation, bronchotomy should be performed.

**THE SOCIAL POSITION OF THE DOCTOR.**—Lay testimony concerning the social position of the doctor in England confirms the statement of Dr. Fothergill, that it is a very poor one. The London correspondent of the Tribune (quoted in the Medical Record July 29, 1882.) commenting upon the matter, tells the following anecdote: "The wife of a fashionable physician living in Mayfair is responsible for this story. She was in want of a cook and resorted to the advertising columns of the Times. One of the advertisers to whom she wrote entered the house, it would appear, without noticing the brass plate on the door which here announces the doctor's residence, but heard on her way up stairs into what manner of dwelling she had been beguiled. She sailed into the drawing-room, and, without preface of any sort, delivered her soul thus: 'If you please, mum, I said partickler in my advertisement that I want a situation in a gentleman's family, and I won't trouble you no further.' And sailed out again." The worst of it is that, according to the testimony of New York physicians who have often visited London, the social position of the English doctor is low because it deserves to be. He is in most cases the worst kind of a middle class Philistine.

**NERVE STRETCHING.**—Dr. C. L. Dana, (*Medical Record*, July 29, 1882), from a study of the facts relative to the mechanical effect of nerve-stretching upon the cord, comes to the following conclusion: As regards the cutting operation: First. Traction upon the sciatic nerve of the cadaver in the majority of cases, but not in all, stretches the spinal cord. Second. This stretching is greatest at the lower part, amounting to two to three millimetres, with a very powerful pull (fifty to eighty pounds). Third. The movement is distributed over the yielding cord, and only in a minority of cases does it reach the medulla. The medulla then moves very slightly, less than 0.3 millimetre. Fourth. When the cord is not moved it is due probably to the unusually tight adhesions of the sheath to the nerve, and of that to the surrounding tissue, especially in the intervertebral canal. Fifth. Traction upon the nerve and sheath if it reaches the spinal canal acts chiefly upon the dura. That is, the cord is stretched partly by direct force, but chiefly by the movement of the enveloping membrane. As regards subcutaneous nerve-stretching: First. On the cadaver this is a powerful means of moving the cord. Fourth. In the living subject it is as yet doubtful if subcutaneous nerve-stretching affects the cord mechanically at all. The clinical evidence is very meagre; anatomical evidence cannot be obtained. It is, of course, very possible that even when traction does not directly and grossly affect the cord there may yet be central effects produced, reflexly or otherwise.

**THE SKULL OF KANT.**—Kupffer and Bessel have recently given a description of the skull of the philosopher Kant, which is summarized in the *Journal of Neurology and Psychiatry*. The brain exhibited the frontal suture, which has ordinarily, though with no good reason, been held to be a sign of low development. Kant was only a little over five feet high, and of delicate

frame, yet his cranial capacity was one thousand seven hundred and forty cubic centimeters. Only two and a half per cent of the German race, which is said to have the greatest cranial capacity, exceed one thousand seven hundred cubic centimetres. The head was long, the forehead not very broad. The most remarkable feature was the disproportionately great development of the upper fossa of the occiput, which receives part of the occipital lobe. In the average skull the occipital fossa is to the cerebellar as 1:1 or 3:2; in Kant's skull, however, the proportion was 2:1. Kant had, therefore, a voluminous brain, with relatively small frontal lobes and cerebellum.

**NERVOUS SYSTEM AND HEAT.**—A. Bökey (*Medical Record*, July 29, 1882,) on the ground of certain experiments upon dogs, concludes first, That there are certain cortical centres, irritation of which causes a rise in the temperature of the body. Second, That these centres are in the anterior and upper parts of the central convolutions. Third, That certain parts of this area cause, on irritation, local rises in temperature, and that there are three temperature centres for the front and hind limbs, etc. Fourth, That there are also heat inhibiting centres. Fifth, That the vaso-dilator system interposes in this increase of temperature. These conclusions verify, to a certain extent, Wood's experiment. The conclusions are much broader, however, and not so carefully substantiated.

**PUSLATILLA IN NERVOUS AFFECTIONS.**—Dr. Louis Shafter (*Practitioner*, July, 1882) has had very good results from five to thirty minim doses of the tincture of pulsatilla herb in eclampsia of dental origin and facial neuralgia.

Koch's discovery of the tubercle bacillus has excited the interest of the German Emperor, who has asked to have specimens shown him.



**PILOCARPINE IN HYDROPHOBIA.**—There have been reported to the Academy of Medicine, Paris, France, (*Journal de Médecine et Chirurgie Pratiques*, July, 1882,) two cases of, what was called, hydrophobia, which were successfully treated by hypodermic injections of pilocarpine nitrate. The first case, that of Dr. Dartiques, was clearly a case of lyssophobia, and recovered under the pilocarpine as it would have done under any medication which produced a sufficiently strong impression on the nervous system. Dr. Bonley's case, on the other hand, appears to have been a case of epilepsy similar to that reported in March 5, 1881, *Review*. As was observed by Dr. Germain Sée, pilocarpine is more likely to aggravate than to ameliorate true hydrophobia.

**DIABETES IN CHILDREN.**—If glycosuria be not infrequently met with in children under five years as a symptom of many affections, true diabetes, represented clinically by polyuria, polydipsia, polyphagia and emaciation, is rare. West has never observed it. Prout never met with a single case. Dr. Vignes, L'Isle Sur le Sevin Yone, France, (*Journal de Médecine et de Chirurgie Pratique*, July, 1882,) reports the case of a child three years old who was well developed for her age, her parents apparently healthy, who suddenly developed a great appetite three weeks before coming under his observation. She also complained of great thirst, and became greatly emaciated. When Dr. Vignes saw her, her skin was markedly dry; her bowels were constipated, and she was suffering from polyuria, polydipsia, polyphagia and emaciation. Sugar was found in the urine, but albumen was not present. The disease ran a rapid course, and she died five weeks after the first symptoms.

ONE of the city vaccinators of Cincinnati died recently from small-pox. He had been vaccinated but once, when he was an infant.

**EXPERIMENTS IN TUBERCULOSIS.**—Previous to the discovery of the tubercle bacillus, by Dr. Koch, of Berlin, and the isolation and propagation of the parasites in pure culture until they had become free from every accidental disease-product with which they might be associated, the parasitical nature of the disease had been strongly suspected and taught. Its inoculability had been conclusively demonstrated by several observers, whose experiments had been repeated by many others. Tuberculous matter had been injected into the anterior chamber of the eyes of animals by Cohnheim and Baumgarten, where the development of the tubercle could, by the use of the ophthalmoscope, be daily observed. In 1880, Dr. Fuchs, of Vienna, injected into the eye of a young and healthy rabbit tuberculous matter taken from a boy, and obtained, in a few days, perfectly developed and rapidly growing tubercles in the corresponding eye. For three generations of this rabbit family the experiment was repeated, always successfully, but without tuberculosis developing in any of the animals independently of the fresh inoculation. Klebs and Schüller had made attempts at cultivation of the specific parasite outside of the animal body, after the manner of Koch's experiments, and appear to have failed only by having observed less care in preventing the introduction of other organisms into the cultivation fluid.

One of the most interesting observations and at the same time most practical results of Dr. Koch's experiments, thus far, is the development of spontaneous tuberculosis in healthy animals by association with those suffering from the disease by inoculation. Among hundreds of guinea-pigs recently purchased and killed, in other investigations, not a single one was found to be affected with tuberculosis. Spontaneous tuberculosis was manifested in this class of healthy animals, in isolated cases, and never before three or four

weeks association with those animals which had been inoculated with the disease. In the cases of spontaneous tuberculosis the bronchial glands were found invariably very much swollen and broken down, and generally large caseous deposits in the lungs, broken down in the center, so that cavities had been formed, as in the human subject.

The evident commencement of the process in the respiratory organs leaves no room to doubt that spontaneous tuberculosis in the animals was caused by the inhalation of the infectious germs. The disease caused by inoculation progressed in an entirely different manner. The animals were inoculated on the belly, and upon post mortem examination the spleen and liver were more severely affected than the lungs, while in spontaneous cases the disease progressed much less rapidly and the development of tubercles in abdominal cavity was rare.

In the examination of the sputa of phthisical patients Koch has found the tubercular bacilli in abundance, and has successfully inoculated animals with the dried sputum after it was eight weeks old. Age and dessication does not, then, destroy the virulence of the germ, and as the great majority of all cases of tuberculosis begin in the respiratory tract, it is, therefore, very probable that the bacilli are inhaled clinging to particles of dust, and that the sputum of tuberculous individuals, drying upon clothing or the ground, and entering the lungs as dust, is capable of causing the disease. While these experiments do not, as yet, present indications for treatment, they do, at least, point out hygienic rules, which, ought not to be ignored.

**CARBOLIC ACID IN TYPHOID FEVER.**—Dr. Dreyfus-Brissac (*Journal de Médecine et de Chirurgie Pratiques*, July, 1882) is of opinion that the use of carbolic acid in typhoid fever augments the frequency of pulmonary complications.

## LOCAL.

### STATE BOARD OF HEALTH.

The following ordinance in relation to burial permits has been prepared by the State Board of Health:

"Be it ordained by the ..... of the ..... of ..... in the county of ..... in the State of Illinois: First. No burial or interment shall be lawful in the ..... of ..... nor shall any dead body be removed from said ..... until a permit for such burial, interment or removal shall have been first obtained from the ..... of said ..... Second. That such permit shall be issued by the ..... upon his receipt of the usual certificate of death, signed by (one) the attending physician in the case; or, if none, by (two) one of the parents of the deceased; or, if none, by (three) the nearest of kin not a minor; or, if none, by (four) the resident householder where the death occurred; or, if none, by (five) any reputable citizen cognizant of the facts and circumstances of the death; or, if the death be the subject of an inquest, by (six) the coroner or other officer holding said inquest. Third. That any undertaker or sexton, and each and every other person engaged or concerned in a burial in violation of the provisions of this ordinance, and the officers and employes of any transportation company, or any other person or persons engaged or concerned in the removal of a dead body from said ..... in violation of the provisions of this ordinance, shall be subjected to a fine of not less than ..... (....) dollars, nor more than .... (....) dollars for each offense. Fourth. That the ..... shall enter in a suitable book, to be kept for that purpose, a record of all burial permits issued, specifying the date of issue and to whom issued, together with all the items of information contained in the certificate upon which the issue of such permits is based; and he shall forward to the county clerk of



..... county, at the end of each month all of said certificates so received during the month. Fifth. That this ordinance shall be in force from and after its passage and approval." Physicians throughout the State are requested to use their influence to secure its passage in all towns where no such requirement exists, for the following reasons: First. It will be of value in securing fuller, more accurate, and more readily available knowledge of the causes of death, a knowledge which is absolutely necessary to the profitable application of efforts for the preservation of health, the limitation of disease and the prolongation of human life. Second. It will be of value in the protection of life against criminal violence, by facilitating the detection of such violence through preventing the burial of victims of homicide, abortion, poisoning, etc., without proper investigation. Third. It will be of value in the protection of property interests, by making the facts pertaining to a death and burial, matters of record which may be useful in probating wills, settling estates, determining heirships, perfecting letters, adjusting life insurance and kindred matters.

#### CHICAGO MEDICAL SOCIETY.

At the July 17, 1882 meeting of this society, Dr. C. T. Fenn read a paper on the Pathology of Insanity, which consisted chiefly in the history of a case of monomania (*primäre Verrücktheit*). The skull of the patient was exhibited. It was markedly asymmetrical, and had a flattened occiput. The patient had died at an advanced age, having led a wandering life. The insanity was said to have originated in a disappointment in love, but this was not the initial symptom of the disease. The paper was discussed by Drs. Hollister, Paoli and others. Cases of tetanus resulting from wounds produced by the toy pistol were then narrated. Dr. Hollister was inclined to think that the pathological changes characteristic of the disease were to be found in the Pacinian corpuscle.

He had good results from the use of coniun in this neurosis. After some general discussion by Dr. Kiernan and others, the society adjourned.

**ECZEMA.**—Mr. R. M. Simon (Birmingham Medical Review, May, 1882) comes to the following conclusions respecting eczema: First. Eczema is a catarrh of the skin. Second. Its local manifestations may be erythema, a papule, pustule, or vesicle. Third. It may commence acutely and tend then to spontaneous recovery, or chronicity. When chronic, not only are vesicles, etc., formed, but exudation takes place into the true skin. Fifth. Such exudation must be removed, which must be by absorption by the medium of the blood vessels. Sixth. Hard water must be always avoided in treatment. Seventh. In all acute conditions lotions do good, ointments do harm. Eighth. Air should be excluded. Ninth. Water used but little. Tenth. Crusts must be removed.

**RUSSIAN NAVY MEDICAL SERVICE.**—Dr. Burch, the Director General of the medical department of the Russian navy, has been placed on trial for receiving bribes for promotions given to subordinates. Eighty-six surgeons testified that Dr. Burch has not for many years made a promotion without receiving such a payment; in one instance the sum paid being three thousand one hundred rubles.

**CINCHONA IN THE UNITED STATES.**—Hon. S. J. Randall introduced the following resolution into the House of Representatives: "Resolved, That the Commissioner of Agriculture be requested to inform this House whether any portion of the United States is adapted to the growth of cinchona." The resolution was unanimously adopted.

**CROTON CHLORAL IN PERTUSSIS.**—Dr. Wharry, (Lancet April 29, 1882) claims that croton chloral, given in small, oft repeated doses in pertussis has yielded very good results in his hands.



## ORIGINAL CONTRIBUTIONS.

*IMPROVED EMBEDDING MASSES  
AND A NEW SLIDING MI-  
CROTOME.*

BY BOERNE BETTMAN, M. D., CHICAGO.

Formerly First Assistant to the University Eye  
Clinic of Heidelberg.

The progress made in pathology during the last twenty years, must be attributed, partially at least, to the introduction of staining methods and of mechanical contrivances, by which technical difficulties have been surmounted.

Methods and instruments employed in microscopy owing to continual improvement, have at present almost attained perfection. An instrument which is peculiarly valuable is Professor Thomas' sliding microtome which is a much improved adaptation of a principle in use for several years. This instrument was devised after the plan of those made by Rivet, Leiser, Long and others.

Its value lies in the length of the knife, and in the construction and mathematical accuracy of the slides and carriages. Besides these, it possesses the advantages of an exact micrometer screw, and adjustable wide-mouthed clamps, admitting of insertion between the blades of a quarter of an eye encased in an embedding mass. This last adjunct is of the first importance to those devoting special attention to the optic histology and pathology. The eye ball is composed of almost all the tissues found in the body. Disease of any ocular tunic is rarely confined to particular anatomical boundaries, but generally encroaches upon neighboring parts; it is, therefore, absolutely necessary in examining pathological conditions to obtain sections of the distinctive anatomical structures. If these can be embodied in one section, as for instance: cornea, iris, fontana's space, lens, ciliary body, anterior part of retina, choroid and sclera, the study of the extent of the morbid changes and their relation to the various tissues is greatly facilitated.

The first question Professor Thomas tried to solve in the construction of his instrument was the determination how many points of a carriage sliding between two planes, inclined toward each other at a certain angle, must touch the slide in order to be absolutely exact in its position. It is practically impossible to construct planes geometrically exact. But that the slide

itself be composed of geometrically exact planes is not absolutely necessary so long as the carriage can move everywhere smoothly and accurately. On such even planes, a carriage having exact, or approximated exact planes, slides usually with great difficulty and does not rest firmly on any part of the slide. This defect is remedied as soon as contact between the carriage and inclined slide is reduced to five points. Through these five points you can lay under all conditions two geometrical planes, which intersect at any desirable angle, also two planes which intersect at an angle required by the planes of the slide. The points were so selected that lines projected from them passed through the centre of gravity of the carriage, as well as its adjuncts, knife and object.

I cannot do better here than quote from Professor Thomas'\* article in order to give an estimate of the cutting qualities of this instrument. He says: "From a well-hardened object, sections are obtained with a surface area of from three to four cubic centimetres and a thickness of 0.015. If you are satisfied with sections of from two to three cubic centimetres, the thickness may be reduced to 0.010. Very often sections are procured from well hardened objects measuring 0.007 in thickness, with a surface expansion of about one cubic centimetre. Exceptional specimens of 0.005 thickness are cut."

These remarks refer only to compact, homogeneous bodies, as the liver, lungs, kidneys and tumors. In the eye, however, we have a totally different state of affairs. Here are met with various tunics, each of which being of a different thickness and consistency, offers more or less resistance to the knife. I have, notwithstanding these drawbacks, succeeded in laying serial sections of 0.015 thickness through the anterior half of the globe. The posterior half is far less difficult to cut, sections of from 0.015 to 0.010 are easily obtained. I have made within one hour as many as fifty serial sections, none of which exceeded 0.012 in thickness, through the posterior segment of an eyeball. The retina and choroid have been cut into sections as thin as 0.008. Recently I cut one hundred sections of a melano-sarcomi in one hour, at the Illinois Charitable Eye and Ear Infirmary. The majority of these sections were only 0.008 inch thick.

Large and thin serial sections are a

\*Archives Pathologisches Anatomie Band, lxxxiv, Heft. 1.



great desideratum; in fact, a necessity in the study of the more intricate histological formations. But few persons acquire sufficient dexterity to produce these with the razor, and even the most expert must resort to other means in order to strictly adhere to the demands of modern scientific researchers. At the time Thomas devised his microtome I was working in the laboratory of the University Eye Clinic of Heidelberg, and managed at the expense of much time and patience to turn out now and then a good specimen. Wearied and disheartened at indifferent results, I determined to look about for an embedding mass capable of being cut by the microtome without detriment to the blade. That used at the Clinic was too hard. I at last succeeded in preparing a mass at Professor Arnold's laboratory, which proved satisfactory, which I have ever since used for rapid work, preferring a modification of Calbarla's mass for raw material where I desired to retain the relation of the parts. The mass in question is composed of two parts by weight of tallow and one part paraffine. It is treated in the usual manner, allowed to harden, and if not required immediately, placed in alcohol. The alcohol tends to make the mass somewhat brittle, while in the act of cutting, it is dissolved and loosened from the specimen, forming a milky fluid. Where delicate tissues are to be embedded and where it is important to retain their exact relations I always employ a modification of a mass known as Calbarla's mass, first brought to public notice by the late Professor Calbarla, of Heidelberg.

Calbarla's mass is prepared in the following manner: Egg albumen, fifteen parts; ten per cent. solution sodium carbonate, one part. This is well mixed, and the egg yolk added. The whole is again thoroughly mixed, fragments of vitelline membrane and all foreign bodies being removed. The object to be embedded is suspended in a paper box by pins, or its position regulated by thread or pins, (passed through the box), against which it floats when the Calbarla's fluid is poured in upon the specimen. The box is now placed in a small covered vessel which is surrounded by alcohol. This again is put upon a water bath and sufficiently heated to produce alcohol vapor. In three or four hours it is hard enough to be removed, and is then immersed in alcohol for three or four days.

Great care and long practice are required to prepare this mass. In very many instances it fails, and the specimens are irretrievably lost. This led Dr. Thiege, of Heidelberg, to modify it. His labors had such good results that it may now be employed in its modified form by all without fear of mishap or destruction of material. I have employed it very often, and in every instance my attempts were crowned with success. I have never known it to fail in a single case where ordinary precautions were observed. Thiege's modified Calbarla's mass is made in the following manner: The white and yolk of the eggs are well mixed separately, and then poured together in a vessel; for every egg ten drops of glycerine are added. The whole is well stirred, care being taken not to produce air bubbles, and strained through a soft piece of flannel. The box, containing the specimen and fluid mass is placed upon a tripod standing in a glass beaker. The alcohol contained in the vessel should not reach the box; the object being to coagulate the mass as gradually and equally as possible. This result is attained by exposing the mass to alcoholic vapors which pass off slowly when the water bath is gradually heated after the covered vessel is placed upon it. The mass acquires the color of custard and always remains adherent to the sections, thereby retaining the natural relation of parts and facilitating the transportation and subsequent treatment of the cuts.

[My thanks are due to Dr. Whitney for the use of his microtome, and to Dr. Mannheimer for the loan of several beautiful specimens sent to him by Virchow.]

#### ARSENIC AND IODINE IN INTERMITTENTS.

—Dr. G. N. Jennings (American Medical Weekly, July 22, 1882,) says that he has had the best success in intermittents with equal parts of tincture of iodine and Fowler's solution, given in ten-drops doses after meals.

#### POISONING FROM UNRIPE POTATOES—

Several cases of poisoning are reported in Dalmatia from the ingestion of unripe potatoes. Unripe and very old potatoes contain a certain quantity of solanine and they should be carefully peeled before being boiled.



## CORRESPONDENCE.

*PATHOLOGICAL SOCIETY -- ACUTE  
FIBRINOUS BRONCHITIS -- PUL-  
MONARY ABSCESS -- PULMON-  
ARY GANGRENE -- EMPYEM-  
A -- OX-AORTA LIGA-  
TURES -- NERVE LIG-  
ATURES -- INFANT  
FOODS.*

NEW YORK, July 25, 1882.

Among the questions which have of late agitated the pædiatrists has been that of infant foods. Dr. E. S. Cutter wrote an extended article in which he described the results of a microscopical examination of various foods. As a test of the food value of anything, such examination was of course an absurdity, most of these foods having been subjected to processes which destroyed any characteristic sufficient for a microscopical diagnosis of their food value. Dr. A. R. Leeds, in a recent letter to the *New York Times*, says that the results of Dr. Cutter are relatively valueless, and then contrasts the result of his (Leeds') analyses.

Fine granulated wheat is said by Dr. Cutter to "contain no gluten": Analysis shows it to contain 13.62 per cent. of albuminoids, chiefly gluten. Franklin flour: Highly extolled by Dr. Cutter. "A blessing to mankind." It contains 8.55 per cent. of albuminoids, chiefly gluten, together with a very large proportion of cellulose or finely ground bran. It is greatly lacking in nutritive elements. Cold blast flour: Said by Dr. Cutter to "contain no gluten." It contains 16.74 per cent. of albuminoids, chiefly gluten, and is very rich in nutritive elements.

Arlington wheat meal, said by Dr. Cutter to be "rich in gluten and all the elements of entire wheat." I have found no wheat flour as poor in albuminoids as this. One sample contained 7.79 per cent.; another 7.09 per cent. gluten. In one instance the product is unsparingly denounced. His microscope finds "no gluten cells." He declares that "it cannot be distinguished from common flour." I have analyzed many samples, procured at different dates, and by different persons, and find it to contain not less than 23.18 per cent. of albuminoids, chiefly gluten. It proves to be 1.20 per cent. richer than the purest gluters manufactured in Europe. It is readily distinguished from common flour by its color and all other physical characteristics. Barley flour, said by Dr.

Cutter to "contain no gluten": It proves to be unusually rich in albuminoids, containing 13.83 per cent. Patapsco flour, said by Dr. Cutter to "contain no gluten": It contains 8.04 per cent. of albuminoids, chiefly gluten. Suffice it to say that chemical analyses of a large number of the prepared foods which he claims to have "analyzed" with the microscope, whatever that may mean, invariably prove the fallacy of his conclusions.

It is the old story of placing too much reliance on one means of testing anything.

In ordinary conversation the medical societies of New York are divided into two great classes, "dirty" and "clean." The "dirty" are those who make a practice of exhibiting pathological specimens; the "clean" are those at whose meetings such specimens are remarkable for their absence. Prominent among the "dirty" societies is the New York Pathological Society.

Few of its meetings are unmarked by the presentation of rare cases. At one of its most recent meetings Dr. Janeway exhibited a lung which was the seat of fibrinous bronchitis and gangrene abscess. The patient for many weeks prior to coming under operation had presented no very marked symptoms, but had complained of not being well. Typhus fever was suspected on his admission to Bellevue Hospital. There was incomplete consolidation of the lower lobe of the right lung; bronchitis was present also in the left. There was no expectoration. The patient's pupils were contracted; the tongue was brown in the centre and tremulous. He was very stupid. His mental condition varied from coma vigil to muttering delirium with intervals of relative clearness. He died five days after admission. On autopsy was found: bronchitis throughout the right lung; circumscribed pleuritic adhesions over that lung which contained purulent fluid. On section of the right lung fibrinous plugs were found in many of the bronchi; there was thrombosis of the pulmonary artery. There were also abscesses; in some instances surrounded by gangrene lung tissue.

The localized empyema might or might not have been detected by aspiration. Dr. Ridley in the discussion of this case said that in his experience it had often happened that though the chest was full of fluid he had been unable to obtain it, at first by aspiration. This was



evidently due to the existence of cheesy material in the fluid which stopped up the needle.

Dr. J. A. Wyeth presented specimens of results from the use of broad animal ligatures. These were the carotid arteries of a woman, greyhound and horse which had been ligated with carbolized nerves from a calf. Specimens of Barwell's ox-aorta legatures, which had been used by Dr. Wyeth in tying the subclavian and carotid arteries were also shown to the society.

The carotid had been tied in the case of the woman first mentioned to relieve the intense pain from, and arrest the progress of a malignant growth which had destroyed the right eye. The ligatures used was the sciatic nerve of a six-weeks-old calf; steeped in a 5 per cent carbolic acid solution for twenty-four hours before the operation. The operation was successful, but the patient died seven months after. The artery was completely occluded an almost imperceptible depression was the only trace left of the ligature. Similar results were obtained from the use of the ox-aorta ligature in sub-clavian aneurism. The carotid of the dog tied with the nerve-ligature was completely occluded, and all traces of the ligature had disappeared. Owing to anæsthetic not being used on the horse the results were not so satisfactory, but the nerve-ligature had disappeared. The nerve-ligature was, in Dr. Wyeth's opinion, the best ligature. After some further general business the society adjourned.

The report of the New York City charitable hospitals for the past year shows the following number of patients:

Bellevue Hospital, six hundred and eighty; Charity Hospital, nine hundred and seventy; Incurable Hospital, one hundred and four; Homœopathic Hospital, six hundred and seventeen; Hart's Island Hospital, two hundred and forty-seven; Randall's Island Hospital, seven hundred and forty-two; Almshouse Hospital, one hundred and twenty; Maternity Hospital, forty-eight; Infants' Hospital, two hundred; Workhouse Hospital, fifty-six; Emergency Hospital, four; Colored Home and Hospital, fifty; Emigrant Hospital, one thousand two hundred; Riverside Hospital, seventy. Total in city hospitals, five thousand one hundred and eight.

The private hospitals have a capacity about as follows: New York Hospital, one hundred and fifty; Chambers Street

Hospital, twenty-six; St. Luke's Hospital, one hundred and seventy; St. Vincent's Hospital, one hundred and fifty; St. Francis' Hospital, two hundred; St. Joseph's Hospital, twenty-five; German Hospital, one hundred and twenty-five; Mount Sinai Hospital, one hundred and sixty; Roosevelt Hospital, one hundred and eighty; Presbyterian Hospital, one hundred; Woman's Hospital, one hundred and twenty; Hospital for Ruptured and Crippled, two hundred; Nursery and Child's Hospital, two hundred; St. Mary's Free Hospital for Children, seventy; St. Elizabeth's Hospital, sixty-five; Trinity Infirmary, thirty-four; New York Eye and Ear Infirmary, twenty; New York Ophthalmic and Aural Institute, thirty; Manhattan Eye and Ear Hospital, thirty; New York Infirmary for Woman and Children, thirty; Metropolitan Throat Hospital, twenty-five; Harlem Hospital, (?); French Hospital, twenty-two; Hahnemann Hospital, seventy; Bedloe's Island Hospital, one hundred. Total capacity of private hospitals, two thousand three hundred and two. Total of all hospitals, seven thousand four hundred and ten. Lunatic Asylum, Blackwell's Island, one thousand three hundred and eighty-nine; Insane Asylum, Ward's Island, one thousand two hundred and sixty; Branch Asylum, Hart's Island, three hundred and sixty-two. Total, three thousand and twenty-one.

#### MICHIGAN STATE BOARD OF HEALTH.

LANSING, July 20, 1882.

The regular quarterly meeting of the State Board of Health was held July 11, at the office of the board in Lansing, the following members being present: Leroy Parker, of Flint, president; Rev. D. C. Jacokes, Pontiac; Drs. Henry F. Lyster, Detroit; J. H. Kellogg, Battle Creek; John Avery, Greenville, and Henry B. Baker, of Lansing, secretary. Mr. Parker presented an account of an outbreak of small-pox, from which, and a report made by Dr. Lyster, who had visited the case at Flint, it was determined that the first case was of a woman aged about fifty-five years, who traced her exposure to no other source than a peddler, supposed to have come from Canada, who had called at her house. Three weeks after the woman was taken sick the daughter came down with the disease, and in three weeks more a boy, exposed by the daughter, was taken



sick. This case was diagnosed as chicken-pox. The health officer diagnosed the case as small-pox, but met with violent opposition when he attempted to quarantine the family. Other cases appeared, called chicken-pox by some and small-pox by others. Finally two physicians of Detroit went to Flint, and assured the citizens that the disease was small-pox, justifying the action of the health officer, who is now seconded in his efforts to restrict the disease. There are some fifteen cases of small-pox, and they are largely due to the wilfulness of persons in trying to maintain that the disease was not small-pox, against the views of the health officer.

Dr. Kellogg reported as a member of the joint committee of the State Board of Health and State Board of Charities, relative to the plans for a dormitory and school at the Reform school, detailing the changes advised in the plans to make the building more perfect in a sanitary way. Dr. Avery, as a member of the joint committee from the same boards to visit the reformatory at Ionia, reported that the warden assured the committee that the changes they had advised in the shops now under construction at that institution would be carried out.

The secretary presented a detailed report of the work performed in the office during the last quarter, as follows: Much correspondence and hard work in starting the immigrant inspection service, which is now yielding valuable information as well as aiding in preventing the spread of diseases. The inspectors at Port Huron and Detroit now make weekly reports to this board. Three cases of small-pox have been found on trains at Port Huron, and many cases of measles have been found on trains between Port Huron and Detroit.

The various small documents printed by the board, for the prevention and restriction of diphtheria, scarlet fever, etc., and instructions as to the work of health officers in the restriction and prevention of various diseases, have been distributed to health officers throughout the State and a great many others, including masters and secretaries and lecturers of Michigan granges to the number of eight hundred and forty. These are sent in the hope that they will bring the subject before their organizations, and thus aid in disseminating information.

The returns of the names of

one thousand and twenty-five health officers in Michigan have been received, examined, and entered on the list, and a second demand sent for returns to such places as are yet dilatory. Correspondence has been larger than usual on account of some new work in regard to immigrant inspection, etc. A letter was read from the manufacturers of a nursing bottle which had been criticized by this board as poisonous, having a lead sinker attached to the rubber tube, stating that the objectionable feature would not hereafter be manufactured by them. They have substituted a glass sinker.

#### CONTAGIOUS DISEASES.

A letter was received from J. Heitmann, health officer at Jamestown, Ottawa County, stating that scarlet fever was introduced into that township by immigrants from Holland, and eight deaths had occurred. The secretary mentioned a report that scarlet fever was communicated to a cashier in a bank at Sault St. Marie by money received from emigrants passing through there. Dr. Lyster reported an outbreak of diphtheria in the upper peninsula, the disease having been brought in by immigrants. A resumé of the work of other state boards of health was read by the secretary. An invitation for a sanitary convention at Reed City, signed by the editors, ministers and doctors of the place, was accepted conditionally. The time for the convention was fixed about the last of November. The board also voted to accept an invitation and hold a sanitary convention at Pontiac in January.

#### NATIONAL BOARD OF HEALTH.

The danger to public health interests, caused by insufficient appropriations for the National Board of Health, was considered, and telegrams expressive of the apprehensions of this board in case the work of the National Board of Health was crippled were sent to Michigan senators, and the President and Secretary directed to forward a memorial to Congress on the subject.

Dr. Lyster introduced a preamble and resolution which was adopted, as follows:

"Whereas, It is essential to the health and well-being of the people of the commonwealth that all articles of food offered for sale should be free from adulteration; Resolved, That this board have such analysis and reports made, by experienced chemists, on such articles of food as may



be submitted to them by the officers of this board, and that such sum of money as may be required, not exceeding \$150 for the year 1882, be devoted to the necessary expense of such analysis."

Dr. Baker offered the following, which was adopted: "That the secretary be authorized to have analysis made of tissues, secretions, and excretions of the human body, to aid in determining the causes of certain diseases, at an expense not exceeding \$100." Dr. Lyster, special committee to report on the present knowledge respecting the cause and prevention of typhoid fever, read the introduction to a paper on this subject, which was accepted with thanks, and he was requested to complete the paper for publication in the report.

The examination of candidates in sanitary science was postponed until the October meeting of the board, which will occur October 10.

#### *SCHUYLKILL WATER.*

PHILADELPHIA, July 29, 1882.

The Sanitary Committee of the Board of Health recently presented to the main body a report on the impurities in the Schuylkill River, which occasioned some alarm about a week or two ago. Examinations and analyses made by Drs. Taylor and Cresson trace the trouble to an unusual chemical condition of the river water. The water was of a singular blue color, with an appearance of soap-suds, and the surface was covered with dead fish. This condition was caused by a superabundance of sulphuric acid from the coal mines of Schuylkill County. This is poured into the river at all times, but is usually neutralized by lime water from the Maiden and Tulpehocken Creeks near Reading, the union of the streams forming sulphate of lime, which is precipitated upon the bottom. Heavy rains in the upper regions brought down so large a quantity of the sulphuric acid laden water that a chemical union was not effected with the limestone water until the two had flowed several miles past Reading and into the part of the stream inhabited by fishes, which are very rare above Reading. The precipitated sulphate of lime carried down with it to the bend of the stream the organic matter floating in the water, and as the fish sought this for food the sulphate stuck to their gills, producing mechanically death by suffocation.

The water, it is reported, purified itself, so far as this trouble was concerned, before reaching this city, and has resumed its normal condition all along the river, but the report adds, the sources of a dangerous pollution of the water supply lie nearer the city and are more immediately under its control. It is the contaminating of the water by the discharge of sewage into the river in and near the city, which should cause the greatest apprehension of danger to the health of the community. To the danger of permitting sewers and mill drainage to discharge into the water supply within the city limits attention has been repeatedly called, and many cases of typhus and other fevers have been traced to the impure condition of the water which is aggravated by the want of adequate settling basins, but all efforts to remedy the evil have failed, and it was only by the vigorous protests of the newspapers that the Water Department was prevented recently from dredging up a mass of filth, principally deposited from sewers, near the water-works and dumping it again into the stream a mile above. It is the knowledge of such a state of affairs emphasized by the turbid appearance of the hydrant water after every heavy rain that makes the inhabitants of the city sensitive to reports of fresh impurities in the Schuylkill.

Dr. Pepper, at a clinic recently at the University of Pennsylvania, called attention to the phenomenon known as night terrors in children. The patient presented was a boy three years old, of healthy parentage, dentition and development rather slow. The teeth were peculiar in shape. There was no evidence of rachitis. The child had recently had cholera infantum. The child about a week previous had displayed some water disturbance and was temporarily unconscious. Soon after one of these attacks the child called out "see there, see there," and displayed evidence of great fear. He also displays similar fears not attended with loss of consciousness during the day time. Dr. Pepper was of opinion that these attacks were analogous to epilepsy, and were due to an over sensitive nervous system acted on by centric and eccentric causes. The treatment should consist in careful dieting, the use of the bromides and oxide of silver if there should be persistent gastric irritation. Another case presented at the same clinic was that of a man presenting symp-



toms of renal calculus. The measures proposed by Dr. Pepper were regulation of diet, the use of remedies to modify the character of the urine, and rest. Milk diet was the best for these patients. Nephrectomy was indicated in these cases.

#### DEATH FROM CHLOROFORM.

CHARLESTON, S. C., July 25, 1881.

The Medical Society of South Carolina, at a special meeting held in Charleston, July 12, appointed Drs. J. Ford Prioleau, F. L. Parker, and Manning Simons, as a committee to frame resolutions expressing the views of the society as to the professional conduct of Dr. R. A. Kinlock, in the case of a lady who died June 21, while under the influence of chloroform, administered by Dr. Kinlock, preliminary to a surgical operation. In the reports which gained currency and found their way into the newspapers, it was stated that the death was owing to the "careless use" of the chloroform. The committee of the Medical Society made a report in the matter on the 16 inst., and which they say that, while it is true that the patient died of "chloroform narcosis," this was simply one of the calamities of surgery that could not have been foreseen or prevented. And the agent was, we have reason to believe, given in the most approved and careful method, in the presence of witnesses, and probably proved fatal because of some peculiar condition of the patient's nervous system which amounted to an idiosyncrasy. The records of medicine and surgery show many such cases. The operation was a justifiable and necessary one. At least two assistants were necessary, and these assistants were engaged by Dr. Kinlock with the distinct approval of the patient, the only stipulation being that she should be made unconscious by chloroform before they were introduced. Dr. Kinlock, in administering the chloroform simply in the presence of two female attendants, carried out his promise to the patient."

Dr. Kinlock, they further add, admitted his reported concealment of the cause of death, and assumed the entire responsibility therefor. The patient's sister and husband were first informed, and as soon as applied for, the certificate of death from chloroform narcosis was given to the family to be forwarded the city register for permission to bury. The report of the committee was adopted unanimously, as was also some

resolutions, one of which expresses the society's opinion that "the death of the patient from chloroform was not caused by imprudence or carelessness in the use of the agent, but from the fatal properties of that drug, which at times will manifest themselves in persons of peculiar temperament or constitution."

#### THE GUTEAU AUTOPSY.

WASHINGTON, July 26, 1882.

*Editor of the Chicago Medical Review:*

The following is a specimen of Corkhill's legal acumen:

"His proposition, midnight, June 29, 1882, was that the brain of Guiteau to be taken out by Dr. Lamb, Dr. Sowers and Dr. Hartigan in the presence of the invited parties, and put by them in the necessary preparation for preservation for microscopic examination, and kept at the National [i. e., Army Medical] Museum, where such final examination shall be made at the proper time, by parties selected by Rev. Mr. Hicks and Colonel Corkhill, United States District Attorney." Here there is no date, no signature, no mention of autopsy or report. Look on this picture, then on that. His interpretation July 7 is as follows: "Office of the Attorney of the United States, for the District of Columbia, City of Washington, July 7, 1882. Dr. Z. T. Sowers and Dr. J. F. Hartigan. Gentlemen: In reference to what appears to me to be an unjustifiable and unseemly contest about the autopsy of the body of the assassin of President Garfield I desire to say that I notice what claims to be an official report signed by Dr. D. S. Lamb, as published this morning. In order that there may be no misunderstanding with regard to your position I desire to say positively that Dr. Lamb had no authority to take charge and assume control of this report. Second. By a positive agreement made between Dr. Hicks and myself the night previous to the execution, the report [sic] and custody of the brain was to be under your joint charge, and Dr. Lamb had no authority superior to either of you. Third. I think it your duty to your profession to make such a report as your own observation and knowledge of the case authorize you to make, and certainly your duty, as you were specially chosen for that purpose. I make this statement in order that there shall be no question as to your posi-



tion. George B. Corkhill, U. S. District Attorney, D. C. Colonel Corkhill assumed to act officially in this matter. Where did he get his authority? All of which is respectfully referred to the legal and medical professions. D. S. LAMB, M. D.

#### AMERICAN MEDICAL ASSOCIATION.

PHILADELPHIA, July, 1882.

*Editor of the Chicago Medical Review.*

You are respectfully informed that the Committee of Publication have adopted the following rules, to ensure promptness in the appearance of the forthcoming volume of transactions (Volume thirty-three):

First. All addresses and papers read at the recent meeting of the Association, and referred to the Committee of Publication, must be in the hands of the Permanent Secretary before July 31. Second. The transactions will absolutely go to press August 5, and all papers and addresses entitled to appear in the volume not received by July 31, cannot be inserted. Third. Under no circumstances will the committee permit new material, different from that in the original manuscript, to be added to the proof-sheets. Fourth. The Secretary is instructed to send copies of these resolutions to the various medical journals, and to have extra copies struck off, to forward to the contributors of papers to the annual volume. The following provisions of the by-laws of the association will be strictly enforced: "Every paper received by this association and ordered to be published, and all plates or other means of illustration, shall be considered the exclusive property of the association, and shall be published and sold for the exclusive benefit of the association. Authors of papers are required to return their proofs within two weeks after their reception; otherwise they will be passed over and omitted from the volume."

Yours respectfully,

RICHARD J. DUNGLISON, Treasurer,  
Sec'y Committee of Publication.

SCARLATINAL RASH FROM SEPTICAEMIA—Dr. J. L. Smith, (Medical News, July 22, 1882), reports several cases of a scarlatina-form eruption produced by septic causes which was distinguishable from scarlet fever only by the absence of faucial symptoms and contagion.

#### REVIEWS.

THIRD ANNUAL REPORT of the State Board of Health of Illinois, with the Official Register of Physicians and Medicines, Springfield, Illinois; H. W. Rokker, State Printer and Binder, 1881.

The Illinois State Board of Health has been the most successful of any of the State Boards. This has been the case particularly in its regulation of the practice. It is an easy thing to draw up a law, but to secure its enactment is difficult, especially when it clashes with long standing abuses. The proposals that are made from time to time in the medical societies show that many physicians entertain that law-making is all that is necessary. The idea of the possibility of making men good by law is altogether too prevalent in the medical profession. The law of Illinois has diminished very markedly the number of unqualified practitioners, and the gradual raising of the requirements for medical practice will greatly tend to exert an indirect influence on the medical colleges. The status of the irregular practitioners has been so much raised that they have expelled members from their societies for advertising and for lack of an English education. The wonderful specimen of a medical paper, which was abstracted in the Review as an illustration of how bad English a member of a learned profession might write, led to its author's expulsion from the eclectic society. This shows a great advance on the time when an irregular, no matter how ignorant, was defended against the regular profession. Anything which tends to make the irregulars better educated should, according to the popular ideas on the subject, improve them. That in countries where irregular systems are tolerated but compelled to have a good education, irregular systems of medicine are dying out. The policy of the State Board has tended strongly in the same direction. That for which the Board, especially its secretary, particularly deserves credit is the tact with which it has acted, converting the irregular practitioners into aids, and with which it has utilized Anthony Comstock in driving from the State or sending to prison notorious quacks, exempt from prosecution by the ten year clause. The result of the Board's work merit commendation and not the covert sneers with which they are attacked in medical societies by ultra ortho-



dox adherents of the antiquated code of ethics.

**THE EXPERIMENTAL METHOD IN MEDICAL SCIENCE.** By John C. Dalton, M. D., New York. New York: G. Putnam & Son, 1882. W. F. Keener, Chicago.

This is the second course of Cartwright lectures of the Alumni Association of the College of Physicians and Surgeons of New York. These lectures have already appeared in abstract in the New York letter of the Review. They are chiefly historical and deal with the physiological results of Galvani, Buffon, Bonnet and Sir Charles Bell. As an answer to the arguments of the anti-vivisectionists they are of great value, but there is exhibited in them too great a tendency to decry anatomical methods of research. Physiology owes more to Meynert and Hechsey than to Ferrier, although the work of the former was chiefly anatomical. Many errors of the physiologists have been corrected by the anatomists. Sir Charles Bell, therefore, in attempting to judge of physiological results by anatomy, was on the right track and deserves praise and not the blame which is hinted by Dr. Dalton. The book will repay perusal.

**DISEASES OF THE SKIN,** by Louis A. Dunning, M. D., Philadelphia, Pennsylvania Third Edition, Revised and Enlarged. Philadelphia, J. B. Lippincott & Co., 1882; Jansen McClurg & Co., Chicago.

This is certainly the most valuable of the treatises on dermatology. It has been a great favorite as is shown by the fact that it has reached its third edition in about six years. This edition has been brought thoroughly up to date, and to some extent has been rewritten from the edition of last year.

**PHILOSOPHY OF CRIME AND INSANITY.** By H. Howard, M. D., Montreal, Canada. Montreal: Dawson & Co., 1882.

This is a well-timed protest against certain pernicious errors which are just now too prevalent in forensic psychiatry. The author does not believe in but strongly denounces the theory that the insane are totally irresponsible. He admits, as every thinking alienist must admit, that there is such a thing as partial punishability of the insane, but that the legal penalties for crime certainly do not come under this head. He

is a believer in the doctrine, held by authorities like Spitzka in the United States, Meynert in Austria, Krafft-Ebing in France, that insanity may be the result of teratological defect; such insanity being, in the strict sense of the term, imbecility. He is, therefore, not an adherent of the absurd change-of-character school which made itself so prominent in the Guiteau trial. He takes the advanced ground with Kräpein, Laccassague, Ferri, and others, that certain criminals are criminals by virtue of their physical organization. The author is very fervent in his assertions respecting the somatic nature of insanity. These assertions must read somewhat strangely even to such an unprogressive individual as the average insane asylum superintendent. In Canada, however, medicine and the other sciences are largely in theological fetters and it requires not a little courage to differ with one's confrères, especially in a country where, and on a view of the subject in which public opinion so strongly supports them. In his desire to establish this doctrine he leans too much to the opposite extreme, and makes statements that seem a little too positive respecting the temperature in the chronic insane. These statements, however, show the author to be a good clinical observer. In his examination of the question of epileptic insanity he adopts the view of Falret, Samt, and Spitzka. The book contains illustrations of the brains of two criminals, the description of which is based on the views of Benedikt. The book will well repay purchase and perusal. It presents a good appearance typographically.

**THE PHYSICIAN HIMSELF** and what he should add to the Strictly Scientific. By D. W. Cottrell, M. D., Baltimore, Maryland. Cushings and Bailey, 1882.

This book is professedly written for the guidance of the younger practitioner in what may be called the minor morals of the profession. It is, however, rather an attempt to teach the physician the art of money-getting. To the almighty dollar everything is subservient, and each little manœuvre herein detailed is to be practiced because of the beneficial pecuniary results which are to follow therefrom. There is a prodigious amount of medical orthodox in the book; the danger of throwing practice into the hands of the homœopaths is held up as a bugbear of the



greatest magnitude, and with this is exhibited much skill in the use of vulgar terms. The book teaches loose morality, savors of bad taste, and gives to the reader a very low idea of what it is to be a physician. As specimen paragraphs the following are quoted from page 92:

"Whenever dismissed from a case consider attentively the combination that conspired, and how you might have averted, that you may gain additional familiarity with the art of managing and retaining patients."

"When danger of rapid or sudden death is imminent, beware of ordering medicines that might be charged with killing. It is even occasionally wise to order the medicine under its simple name, so that its nature being understood, you do not risk being charged with poisoning."

On the supposition that the physician may sometimes be an idler, he is recommended, on page 12, to spend his time at the drug stores, "instead of lounging around club rooms, billiard parlors, barber shops, etc."

The following, although in a measure true, does not come from a very high standard of ethics:

"Do not induce young men to study medicine, as there are already three doctors where one is required. Besides, their success or failure may work an injury to yourself. It is not usually either profitable or advisable to take office students; they are necessarily in your way and divert your mind from other duties; but if you should do so, charge them for the privilege not less than the usual fee of one hundred dollars per annum."

The book is in the interest of the profession as against that of the public, and seems based upon the erroneous notion that the interests of the two are often antagonistic.

#### ANTENATAL CHARBON INOCULATION.—

Drs. Arlong, Cornevin and Thomas claimed to have demonstrated that if a pregnant cow is inoculated with charbon her calf is protected against the disease.

MRS. OSWALD OTTENDORFER, of New York, besides paying sixty thousand dollars for the erection of the "Woman's Wing" of the German Hospital, New York, has paid the architects fee and furnished the wing.

#### BOOKS AND PAMPHLETS.

- Dr. MacLean, Oakland, California. Fourth Annual Announcement California Medical College, Session of 1882-1883.
- C. B. Burr, M. D., Pontiac, Michigan. *Insanity of Masturbation*. Reprinted from Michigan State Medical Society Transactions, 1882.
- Jas. G. Kiernan, M. D., Chicago, Ill. *Contributions to Psychiatry. Psychoses from Scarlatina, Witchcraft and Insanity*. Reprinted from the Journal of Nervous and Mental Disease, April, 1882.
- J. J. Caldwell, M. D., Baltimore, Maryland. *Genius Resistless; an Ode*.
- J. J. Caldwell, M. D., Baltimore, Maryland. *Electricity in Medicine and Surgery*. Reprinted from Gaillard's Medical Journal
- J. C. Dalton, M. D., New York. *The Experimental Method in Medical Science*. New York: G. P. Putnam's Sons, 1882. Jansen McClurg & Co., Chicago.
- L. A. Duhring, M. D., Philadelphia, Penn. *Diseases of the Skin*. Third edition. Philadelphia: J. B. Lippincott & Co.; 1882. Jansen McClurg & Co., Chicago.
- H. B. Baker, M. D., Lansing, Michigan. *Ninth and Tenth Registration Reports Michigan State Board of Health. Vital Statistics*. Lansing, Michigan; W. S. George & Co., 1881.
- D. W. Cathell, M. D., Baltimore, Md. *The Physician Himself and what he should add to the Strictly Scientific*. Baltimore: Cushings & Bailey, 1882.
- Dr. P. Glatz, Geneva, Switzerland. *Hydrotherapy*. Geneva: H. Gery, 1882.
- Dr. P. Glatz, Geneva, Switzerland. *Physiological and Therapeutical effects of Sitz Baths and the Treatment of Spermatorrhœa by Hydrotherapy and Electricity*. Geneva: Charles Schuchard, 1882.
- Hans Stahel, M. D., Zurich, Switzerland. *The Wald Cases of Hæmophilia*. Zurich: Orel Fassli & Co., 1882.
- Dr. P. Glatz, Geneva, Switzerland. *Hydrotherapy and Warm Baths*. Reprint from the Bulletin de la Societe de la Suisse Romande, June, 1880.
- G. W. H. Kemper, Muncie, Indiana. *Primary Cancer of the Lung*. Reprint from the American Practitioner, July, 1882.
- Dr. Paul Glatz, Champel Sur Arc, Switzerland. *The Hygienic and Curative Action of the Waters of Arve*. Paris: G. Masson, 1875.
- J. J. Chisholm, M. D., Baltimore, Maryland. *An Obscure Case in Nerve Pathology Accompanying Optic Neuritis*. Reprint from the Archives of Ophthalmology, June, 1882.
- Nathan Bozeman, New York. *On Genital Renovation by Kolposcrotomy and Kolpoecectasis in Urinary and Fæcal Fistulæ*. Reprint from the Gynæcological Transactions, Volume VI.
- Dr. Reliquet, Paris, France. *Lithotripsy without Traumatism*. Reprint from the Gazette des Hopitaux, May 13 and 16, 1882.
- P. Glatz, M. D., Geneva, Switzerland. *Cephalalgies Névroses*. Reprint from Lyon Medical, April 16, 1882.



B. B. Brown, M. D., Baltimore, Md. Combined Intra-Uterine and Extra Uterine Twin Pregnancy. Reprinted from the Gynæcological Transactions, 1882.

W. E. Rogers, M. D., Memphis, Tenn. Announcement of Memphis Hospital Medical College, 1882.

A. L. Gihon, M. D., Washington, D. C. The Prevention of Venereal Diseases by Legislation. Reprinted from the Sanitarian, June, 1882.

C. L. Dana, M. D., New York. The Asylum Superintendents on the Needs of the Insane, with Statistics of Insanity in the United States. Reprinted from the Journal of Nervous and Mental Diseases, April, 1882.

### THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from June 29, 1882, to July 12, 1882.

Elbrey, F. W., Captain and Surgeon. To be relieved from duty in Dept. of the Missouri, July 1, 1882, and to report in person to the Surgeon General in this city. S. O. 137, A. G. O., June 14, 1882.

Hoff, J. V. R., Captain and Asst. Surgeon. Having reported at these Headquarters, is assigned to duty as Post Surgeon at Alcatraz Island, Cal. S. O. 107, mil. div. of the Pacific and Dept. of California, June 17, 1882.

D. E. Loffre, A. A., Captain and Asst. Surgeon. Relieved from frontier duty at Ft. Wallace, Kan., and assigned to duty at Ft. Sill, Ind. Ty. S. O. 124, Dept. of the Missouri, June 21, 1882.

Reed, W., Captain and Asst. Surgeon. To accompany the troops from Washington B'ks, D. C., and Ft. McHenry, Md., on their march to the summer camp at Gaithersburg, Md., and to remain on duty with them during the encampment. S. O. 104, Dept. of the East, June 9, 1882.

Banister, J. M., First Lieut. and Asst. Surgeon. To proceed to camp of 9th Cavalry near Cantonment on the Uncompahgre River, Colo., and report to the Commanding Officer for duty. S. O. 104, Dept. of the Missouri, c. s.

#### APPOINTMENTS.

To be Assistant Surgeons, to rank from May 23, 1882.

William E. Hopkins, of California, vice Yeomans, deceased.

Charles C. Barrows, of Mississippi, vice Brewer, deceased.

Benjamin Munday, of Virginia, vice H. E. Brown, promoted.

George F. Wilson, of Oregon, vice J. M. Brown, promoted.

William E. Owen, Jr., of Tennessee, vice King, resigned.

Peter R. Egan, of New York, vice Hubbard, promoted.

William J. Wakeman, of Connecticut, vice Coues, resigned.

Edward Evarts, of California, vice Whitehead deceased.

Notson, Wm. M., Major and Surgeon. Died at Columbus Barracks, Ohio, June 20, 1882.

Moffatt, Peter, Captain and Asst. Surgeon. Died at Fort Cœur d'Alene, Idaho, June 15, 1882.

Forwood, William H., Major and Surgeon. To report in person to the Lieutenant-General at Fort Washakie, Wyo., on or about July 23, 1882, for duty as Surgeon and Naturalist on the tour of inspection and exploration, to be made by the Secretary of War and the Lieutenant-General. S. O. 70, Dept. of the Platte. July 6, 1882.

Havard, Valery, Capt. and Asst. Surgeon. Relieved from temporary duty at these Headquarters, and at post of San Antonio, and assigned to duty as Post Surgeon at Fort Duncan, Tex. S. O. 68, Dept. of Texas, July 5, 1882.

Finley, J. A., Capt. and Asst. Surgeon. Assigned to duty as Post Surgeon at Fort Couch, Tex. (Fort McKanett abandoned). S. O. 78, Dept. of Texas.

Barnett, Richards, Capt. and Asst. Surgeon. To accompany the Brigadier-General commanding on his journey to Forts Borilger, Wyo., and Thornburgh, Utah. S. O. 70, Dept. of the Platte, July 6, 1882.

Gardner, E. F., Capt. and Asst. Surgeon. Relieved from duty at Vancouver Barracks, W. T., and assigned to duty as Post Surgeon at Fort Cœur d'Alene, Idaho. S. O. 83, Dept. of the Columbia, June 19, 1882.

Powell, J. A., 1st Lieut. and Asst. Surgeon. To report to the commanding officer Fort Davis, Tex., for duty (Fort Stockton, Tex., abandoned). S. O. 68, C. S., Dept. of Texas.

Gorgas, W. C., 1st Lieut. and Asst. Surgeon, when relieved by Asst. Surgeon Havard, to report to the commanding officer Fort Brown, Tex., for duty. S. O. 68, C. S., Dept. of Texas.

Under the provisions of Section 1 of the Act of Congress, approved June 30, 1882, the following named officers are by operation of law this day retired from active service, viz: Brigadier-General Joseph K. Barnes, Surgeon-General; Colonel John M. Cuyler, Surgeon; Colonel William S. King, Surgeon; Lieutenant-Colonel James Simons, Surgeon. S. O. 151, A. G. O., June 30, 1882.

Greenleaf C. R., Major and Surgeon, now awaiting orders, to report in person to the commanding officer of Columbus Barracks, Ohio, for duty as Post Surgeon at that Post. S. O. 160, A. G. O., July 12, 1882.

Brooke, Jno., Captain and Assistant Surgeon. Having reported at the headquarters, is assigned to duty as Post Surgeon at Angel Island, Cal. S. O. 120, Mil. Div. of the Pacific and Dept. of Cal., July 7, 1882.

Corson, J. K., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Arizona, to proceed to Philadelphia, Pa., and on arrival report by letter to the Surgeon General. S. O. 164, A. G. O., July 17, 1882.



# Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.  
CHARLES H. LODOR, ASSOCIATE EDITOR.

Suitable compensation in money will be made for Editorials, Local Items, Correspondence and Book Reviews.

Contributors to the original department, should, at the time of sending manuscript, specify whether payments is desired in copies of the journal containing the article, or in reprints, or in money. Otherwise silence will be understood as an indication that copies of the journal are desired.

All communications relating to the above should be addressed to the Editor, No. 70 Monroe St., Chicago.

All communication relating to subscription, advertising and other business should be addressed to the publisher.

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CHICAGO, AUGUST 15, 1882.

\$2.00 A YEAR.

DISCONTINUANCE OF THE EDITORIAL CORPS.—In view of the continued and increasing prosperity of the REVIEW, its publisher has been enabled to make the announcement, which now appears at the head of this page, that hereafter suitable compensation will be made for all contributions, whether in the editorial, original, correspondence, book review or local departments. In order to secure more definite and personal responsibility, in the conduct of the various departments it is though best to unite them under one editorial management. Accordingly, the editor has associated with himself Dr. Charles H. Lodor, of Chicago, who, as associate editor, will have a large and responsible part in the editorial work. The discontinuance of the editorial corps as such which is necessitated by these changes, is rather nominal than real since its members will continue under the new arrangement as occasional contributors to the editorial and other departments.

THAT the gustatory sense of the public is a delicate one, and that shocks or disagreeable impressions in that direction, are to be avoided is patent from the success attending the man of little pillets. Now, while we as a profession, should be far from desiring to make any concessions not granted by common sense, simply to tickle

a patient's palate, still it is well in order to insure the faithful following of directions that medicaments be made to offend as little as possible, especially with children. Two able papers, one by Dr. E. T. Bruen, in the Medical Times, and another by Dr. J. R. Black, in the Medical News, have important bearing upon this subject, although neither professedly considering it. Dr. Black calls attention to the interval of administration. He very pertinently asks where our ter in die comes from and by what authority we do this thing. The attention of the profession is entirely too little given to this matter. Drugs whose action is as evanescent as the snow flake, and drugs whose effects last for days, are all prescribed thrice or four times in the day. Again not a few physicians seem to take a coarse minded delight in producing startling effects by their prescriptions. If a patient has been made very much more sick by the medicine than he was by the disease; if he has been vomited or purged severely, and not made much the worse for it, such an enthusiast is disposed to regard the strength of his potions with a pleased delight. Let us observe the golden rule in this matter, do unto others as you would have them do to you. Before prescribing an emetic of mustard for another, it is well to burn out your own fauces, your own nasal chambers, yes, even your own

lachrymal duct, and then—withhold the heavy hand of affliction from another. Dr. Black does not deny that heroic measures are at times necessary, even imperative, but summing up his statement in a few words; by small and frequent repetitions of medicines, better therapeutical effects are almost invariable obtained, and in a manner scarcely disagreeable, more refined, prompt, and decisive, because more congruous with the unbroken and ceaseless play of the functions in the most delicate and nicely adjusted organism with which man has to deal. It is a well known fact that mercury will salivate much more quickly in small repeated doses. One single drop of water at a time following often enough, will wear away the stone. Dr. Bruen calls attention in this same connection to another exceedingly important matter, namely, the time for administration, that is as to whether medicines be given upon an empty or full stomach, and also the quantity in the so-called alteratives. Many of the irritants such as nitrate of silver, iodide of potassium, which are given on a full stomach for a systemic action may be used with much better advantage and less disgust in minute doses largely diluted with the stomach empty. In alluding to calomel as a cholagogue, Dr. Bruen claims good results from one fiftieth of a grain, and at times from the one hundreth of a grain, repeated between meals.

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**DEATH OF DOCTOR FRANCIS ATWOOD.**—Just as we go to press we received the sad intelligence of the death at St. Paul, on the 5th inst., of typho-malarial fever, of the well known oculist, Professor Francis Atwood. Dr. Atwood was born in Franklin, Mass., August 20, 1846, and was consequently thirty-six years of age at the time of his death. He graduated from the academic department of Harvard College, in 1869, and from the medical department of the same institution in 1873. He served one year in the City Hospital of Boston

and then visited Germany, where he pursued his studies under the celebrated Dr. Von Graefe for a year, when he returned to America and settled in St. Paul in 1875. In 1876 he married Miss Emma Calhoun, daughter of Samuel Calhoun, Esq. But one child blessed their union, and that died in infancy. Although a comparatively young man, Dr. Atwood had achieved a brilliant reputation in the Northwest. To St. Paul in particular, his death is a grievous loss, and one which years will not replace, his reputation adding much to that of the city. At the time of his death Dr. Atwood held the chair of ophthalmology and otology in the Minnesota College Hospital, and the position of oculist to St. Luke's Hospital. The profession of St. Paul and Minneapolis have our hearty sympathy in their affliction.

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**SHOT GUN PRESCRIPTIONS.**—We find some people who continually go back to the old to bring forth things which shall be new. Louis XIV. and his renaissance have had a day, and the antiquities of Queen Ann are now dragged forth for our delectation. But for the love of science and sense, let us not carry our high art back to the days when each drug had a tutelary deity, when each day in the year had its appropriate god to be propitiated, when the doctor's physic to be of value must contain not less than three hundred and sixty-five remedial agents. To read some of the current dosing calls up the old times of necromancy when our calling was associated with the barber's pole. This shot gun prescribing has every disadvantage and nothing to recommend its use save the respectability of its ancientness. Superstition clings to humanity with a hold that education even, it seems, cannot loosen. After all, the careful and exact study in materia medica and therapeutics done in the past twenty years, we still find men who will prescribe a page of the pharmacopœia in the vain hope that somehow something may do some good.



THE PRESENCE OF MICROCOCCI in the Blood of Malignant Measles, and its Importance in Treatment, is the title of an interesting and suggestive article in the Medical Times by Dr. John M. Keating. From it we gather the following: The observations were made during an epidemic in the Children's Asylum of the Philadelphia Hospital. Daily examination of the blood of each little patient showed the presence of micrococci in the malignant cases and their absence in those of mild type. Upon post mortem examination micrococci were found in the liquor sanguinis and the white blood corpuscles, and they were mobile. In the corpuscles they were seen in great numbers in active movement of a vibratory or whirling character, and they appeared to have devoured the white cells. Similar examinations in many cases gave similar results.

DR. KEATING draws our attention to the following points: Upon microscopic examination of the blood, the constant association of micrococci with the general manifestations of malignancy, and the gradual but positive amelioration of all bad symptoms by treatment which was directed to the micrococci as the fountain and origin of the trouble. The post mortem examinations showed also simple pulmonary congestion, and at times simple enlargement of the glands, but usually so circumscribed as to preclude the possibility of its being the immediate or even remote cause of death. Again, the mode of death was peculiar; the fatal signs came on suddenly and with frightful intensity, the gasping, breathing, the frantic efforts to obtain air, the imploring look with consciousness not impaired, seemingly unduly acute, until the final convulsion or gradual cyanosis, brought the end. The turgid veins, the occasional venous engorgement, the feeble pulse, and the fluttering heart pointed unmistakably to but one cause, the gradually forming right-sided heart clot, and the post-mortem appearance gave a

large, tough chicken-fat clot obstructing the venous circulation, firmly planted in the right heart and its tributaries, which was too often exhibited to raise a question. One of the earliest symptoms of this impending danger was an undue rapidity of respiration. The child would seem to be doing well, its eruption irregular, probably incomplete, or dark and mottled and in blotches, when attention would be called to the great rapidity of respiration, with a peculiar gasping inspiration, fish-like in character. The other fatal symptoms would follow rapidly, and within twelve hours the child, despite carbonate of ammonia, warm baths, digitalis, and other treatment, would die of heart clot.

RELATIVE to the above the microscope has shown something more than an increase of fibrin due to rapid tissue change to have caused this condition. The moment that symptoms of malignancy, viz., dark eruptions, feebly defined crescents, delayed and imperfect appearance of the eruption, with feeble circulation, high temperature, etc., appeared, the examination of the blood showed micrococci in abundance. They do not lie as impediments to the free passage of blood, they they undoubtedly do this, and obstruct its passage in the capillaries, but they surround the corpuscles, they enter the white corpuscles and then develop with surprising rapidity, and finally cause some of them to rupture. Still, if they alone clogged the circulation in the capillaries, caused stasis in the lung, and thereby provoked an accumulation in the already enfeebled right heart, with blood having a tendency to coagulate, the cause of heart-clot alone would seem explained.

We find that they develop with activity when the blood current is retarded; hence we find them spread throughout the heart-clot itself, possibly at times having been here arrested by the obstruction to the flow caused by the lung congestion, and finally aiding, by a mechanical cause alone

the deposition of fibrin that forms the clot. They do more. They act upon the white blood corpuscle, destroy it in all probability, or at least prevent its change to red corpuscles and thus the oxygen carriers being either destroyed or reduced in numbers, the tissues retain their detritus for want of carriers to relieve them, and another factor is added to increase mortality. Granted, then, that the appearance of micrococci is coincident with symptoms of malignancy, we must assert that whether their association be post hoc, or propter hoc, they must have common cause. Upon Dr. Formad stating that in his culture solutions alcohol most readily checked the development of micrococci from erysipelas, diphtheria, carbonate of ammonia, digitalis were withdrawn and whisky given. The first patient on the new plan was giving all the symptoms of malignancy and impending heart clot. Instructions were given that three ounces of whisky should be administered in the next twelve hours, in frequent and small doses. The child was saved. Under the use of arsenic the blood became normal again. From what has been said the indication for treatment would be as follows: In cases when the white blood cells are as yet unaffected, treatment should be active, and will be followed by good results other things being favorable. Alcohol seems, in some way, when given in large amounts to check the progress of the marauders, to avert the process of destruction, and if needful, can be associated with other remedies.

In lieu of careful microscopic examination of the blood, the malignant symptoms as given may be taken as the indication for treatment, which, to be efficient, should be early and active.

**PHOTOPHOBIA FROM SEXUAL EXHAUSTION.**—In sexual exhaustion too little attention has been paid to the eye, not only for itself but as a means of diagnosis. In a typical case something like the follow-

ing will be noticed: The eye often is perfectly normal for a few seconds of use, but tires with wonderful rapidity. The fundus of the eye shows no special lesion beyond perhaps a little anæmia. The most marked symptom is the photophobia. By suddenly throwing a strong light upon the eye, the patient not infrequently will start back as though struck by some sharp instrument, the eyelids closing spasmodically, and the muscles taking minutes to regain their equilibrium of tone. Another point may often be noticed, and that is a slight spasm of some of the fasciculi of the orbicularis, just beneath the eye, which looks as though the individual were trying to wink. Again, upon closure of the eyes, the whole of the orbicularis often twitches and trembles like the muscles of paralysis agitans. The diagnostic bearing of these facts is of course only presumptive. If a patient be found suffering with the above symptoms, and no definite cause for it, the safe plan is to investigate the sexual life, for we may rest assured that no local means are of avail. The appearance and attitude of the patient are suggestive. The position of a man with a broken clavicle is familiar to all, and something similar is seen in these cases. The hyperalgesia of the retina makes the patient dejected and timid. Without any other treatment than rigid hygiene and appropriate tonics the above symptom rapidly disappears.

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**ATROPIA IN LUMBAGO.**—This drug, to be of value, must be applied locally, and in no other way. At first, it is not safe to use an injection of more than one-ninetieth of a grain of the sulphate, which may be repeated every other day, increasing the dose to one-sixtieth, but never going beyond. The point of the syringe should be buried deeply in the muscular tissue, and the injection be given slowly, as by thus doing there is little or no danger of any local trouble from abscess.



**DISAPPOINTMENT IN THE REST CURE.**—So much disappointment has attended the rest cure and its value so often underrated that the following summary of the permanency of the rest treatment, by Dr. F. W. Page in the Boston Medical and Surgical Journal will be acceptable:

A want of success oftentimes attends this course of treatment, even when supposed to be judiciously carried out; but when it fails, the explanation can usually be found either in a misapplication of its details or a misapprehension of its fitness for any particular case. As, however, the views of medical men on any given topic vary within wide range, it is not to be supposed that even in the adaptability of any form of treatment, uniformity of operation can exist. So here what in one case appears suitably fitted for success fails; in others a hundred successes where failures would seem self evident, unfold a tale as astonishingly great as they appear brilliant and in consideration of their wide extent inevitably lead to the conclusion, that successful results are in direct ratio with a strict adherence to methods employed. Among many practitioners it is customary under a mistaken idea of absolute rest, to combine a certain amount of rest with a limited amount of exercise, which is neither the one or the other, that is, it is not rest, neither is it exercise, and denominate it "rest treatment" and, as too often happens because of the ill-success attending this half-way doing of things, denounce the whole plan as specious and unworthy of confidence. The leading points are indicated by Mitchell as rest, seclusion, over-feeding, massage, and electricity, either singly or conjoined. As the application of these principles are based on physiological reasons deduced from accurate clinical observations, it is reasonable to infer that they offer greater inducements for the relief and cure of troublesome cases of nerve tire and mimetic disease, than any other yet presented to the medical profession. Foremost and of great importance

are rest and seclusion. The patient must be removed from all excitement, from false, foolish, sympathizing friends. Rest in bed is continued from four to eight weeks, according to the case. Caution in getting them up is necessary on account of vertigo and faintness. To offer exercise to the muscles without calling upon the will power and functions of the worn out nervous system of the patient, massage and electricity are constantly demanded. In massage, whether by rubbing, shampooing, kneading, or gently percussing with the ends of the fingers, the effect is the same; it acts as a mechanical tonic. It is a pleasant muscular exercise which induces an agreeable sense of fatigue, not infrequently followed by refreshing sleep. Electricity is a good help, and when properly applied usually agreeable. It not infrequently reddens the skin and gives a sense of warmth and comfort to cold extremities. Lastly, a most important feature is the excessive feeding. Of all means, the best is a gradually increasing milk diet until the patient be consuming three or four quarts per diem, this in addition to other food.

As to the permanency of this plan, in consideration of what has already been stated, little need be said. In recoveries by it, the duration of the cure is as satisfactory and as thorough as from any other mode of treatment.

**TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR 1882.**—The Society held its annual meeting May 10, 1882, the president, Dr. J. H. Jerome, in the chair. The usual routine business was performed, and the usual society topics discussed. A number of papers were read. Among them were the following: A History of Two Cases of Mal-presentation, by E. P. Christian; The Insanity of Masturbation, by C. B. Burr; Remarks on the Treatment of Laryngial Phthisis, by E. L. Shurley; a well written article on Optic Neuritis, by Leartus Connor; Antesepsis in the Treatment of Disease, by D. W. C. Wade.

**THE ACTION OF IRON.**—The burden of an article on iron, as written by Dr. Francis H. Williams in the *Boston Medical and Surgical Journal*, is as follows: That iron has without doubt poisonous properties; that the symptoms which it causes come chiefly from the alimentary canal, and that in fatal doses it diminishes the amount of carbonic gas in the blood; that the action of iron on the economy probably resembles that of arsenic and platinum, and we are justified in believing that the action of iron on man in excessive doses would be similar to that observed in animals. Considering the tonic action of iron, as observed clinically; for many years the good effects following the administration of this drug have been recognized, and in general two theories have been advanced to explain them: the first, that its good effects are produced by its action on the red blood corpuscle; the second, that it exerts a special influence on the digestive system. Regarding the first of these, we know that iron is a constituent of the red blood corpuscle; that in anæmia the number of red blood corpuscles is less than normal, and after using iron they are increased, so that on our first theory it is only necessary to supply a little iron in order to have plenty of red blood corpuscles; and as these notoriously play an important part in the economy, once having a good supply of them many good results follow. It must be remembered, however, that only one-thirtieth part of the red blood corpuscles is iron and that there are only three grammes or forty to fifty grains of iron in the blood, and only a portion of this is likely to be wanting at any time. Since there is a small quantity of iron in almost every food we eat, it would seem that any deficit in iron can never be very great, not more than a fraction of that normally present. It is also well known that it is not by a few doses of iron that its good effects are obtained, but only after continued use; if the system needs to have a small deficiency in its iron made good, it would seem that

a comparatively few doses would suffice but it must be continued for some time to obtain its full benefit.

For the second theory, that iron promotes the action of the digestive system the evidence afforded by experiments on animals, both when given by the stomach and the circulation as well as the symptoms aroused in man when large doses are given leaves little doubt that iron has some especial action on the digestive organs and particularly on those portions where absorption takes place, namely, in the stomach and upper part of the small intestine. Since it seems to increase the amount of blood sent to these parts, and especially to the villi of the small intestine, it seems probable that it may exercise a beneficial influence on the process of assimilation. Claude Bernarde says that the salts of iron have a special action on the mucous membrane of the stomach, and that all parts with which it comes in contact take on a more active circulation. He attributes this, however, merely to its acting as a local irritant. Bartholow says that physicians are familiar with the fact that iron improves but little, if at all, the condition of anæmia when it does not increase the desire for food and the ability to digest. We find that clinically arsenic is often used as a substitute for iron with good results. There is certainly no arsenic in the blood corpuscles, but excellent results are obtained from arsenic, a metal which causes experimentally symptoms and appearances remarkably similar to what are found with iron. As regards the blood corpuscles, may not their increase, on which so much stress has been laid by some writers, be one of the consequences of better nutrition, since in this case not only iron but all the other constituents of the blood corpuscles are supplied? As regards the prescribing of iron, it may fairly be said that among the hundreds of preparations a half a dozen may be chosen, such as the tincture of the chloride, the reduced



iron, the tartrate of iron and potassium, etc., which will answer any indication, and there is little excuse for its many and complete preparations.

DR. G. HALSTED BOYLAND, in the *Medical Gazette*, gives a suggestive account of replacing and healing of pieces separated from the human body. Two cardinal points are to be strictly observed: first, the piece separated must be kept warm to the normal temperature of the body; second, it must be replaced, whether with adhesive plaster or the suture, or both, directly the flow of blood ceases. Cases are cited with their treatment as follows: In the first case, in a duel with schlagers, the left ala with a part of the point of the nose were cut off. This piece contained skin, muscles, cartilage and mucous membrane; the wound was a clean cut. The piece was replaced, sewed with fine sutures, and adhesive strips binding it down. The nostril was tamponed and the wound covered with oiled silk and cotton batting to prevent evaporation. On the third day, the sutures were removed, and the piece found to be black. The whole epidermis sloughed off, but under it the normal rete malphigii appeared and a small part of the epidermis remained. The patient was lost sight of for nine months, and upon reappearance his left nasal ala was found slightly flattened and of normal color, and no distinct line marking a cicatrix, the epithelium was in some parts thickened. To keep the piece before the surgeon can operate in case of emergency, it is advised that the severed piece be held in the mouth. Another case is related, similar in detail to the one given, in which the piece was found only after long search. Healing was accomplished after a long time with a large scar and the color of the piece quite red. As for the pathological anatomy, or, more properly speaking, the process of healing itself, such cases undoubtedly illustrates that the vessels of the piece, after being placed in position, received in the

lumen of each the blood from the severed vessels of the borders of the wound of the nose. In unfavorable cases, a hemorrhagic infiltration of the separated piece, after it is placed in position, which may be followed by mummification, is liable to result. In the more successful ones, the epithelial covering is everywhere thrown off. In those again where the surgeon is especially fortunate, the circulation in the whole of the portion separated, or in parts of the same, may re-establish itself without any disturbance as to nutrition. Of importance in the healing of wounds upon which transplantation of skin grafting may be carried out, is the proof here deduced, that in transplantation there is a direct flow of blood out of the granulation vessels of the main wound into those of the transplanted piece. Technically, when portions of the flesh are severed from the human body, the above procedure is the best to follow; practically, it is the most successful.

LOSS OF WEIGHT AFTER EPILEPTIC FITS.  
—Dr. C. E. Beevor in the *British Medical Journal* denies the statement as made in Dr. Gowans work on epilepsy that a loss of weight of from one to twelve pounds is seen after an epileptic seizure. This reminds us of the tale of the French acadamecian. For a long time it was stated that a fish could be immersed in a vessel full of water and no water displaced. The statement passed as "Gospel Truth" until some one a little less foolish than the rest tried it. The water ran over of course. So it is with many of the statements in medicine bordering on the fabulous. Appealing, as they do, to the love of the wonderful, they pass current for truth until some incredulous individual takes courage enough to challenge the statement. Query in the above case? Granted a man of average weight, say one hundred and fifty pounds, number of fits per week two and the nutrition of the patient below par as it would be, how long would it take before undertaker would be called.

**WHAT NEXT?**—It is related of a Frenchman that, after having tried other remedies for the extermination of bed-bugs, he concluded to try brick-dust. The modus operandi was as follows: Catching the bug by its heels, he shook the powder down its throat. It is also related that a victim remonstrated with him, wishing to know what in the devil he would get after them next. The above fable is recalled vividly to our mind upon reading an article by Dr. Walter G. Walford in the London Lancet, who purposes administering arsenic as a prophylactic against infectious diseases. His authority for the above statement is gained from the use of the drug in two cases: In the one case the child did not have diphtheria, in the other case the child did have diphtheria. He thinks that arsenic might be made available as a preventive against many other affections, among which he mentions hydrophobia as an extreme test of its prophylactic qualities.

**INTESTINAL OBSTRUCTION.**—Dr. James C. Worthington has reported in the British Medical Journal a case that may be of use to us some day when we are in a perplexity. The case was this: The patient gave symptoms of strangulated hernia, stercoraceous vomiting, intense dragging pain, referred to the umbilicus, etc. There was great abdominal tenderness and a constant troublesome cough. After the most minute examination of the inguinal canal, nothing could be found. Several days passed by and the distress became extreme. Injections of warm water were given and large doses of opium. Abdominal section was decided upon, but first it was thought best to try puncture. An aspirating needle was introduced, and a large quantity of flatus drawn off with some fluid. Relief was immediate, and recovery progressed from that time on. Some days later a small indirect inguinal hernia showed itself on the right side for the first time. A truss was fitted and the patient cured.

**CHLORAL HYDRATE AS AN ANTESEPTIC.**—The value of this drug is especially lauded by Dr. D. W. C. Wade, in the Report of the Michigan State Society, 1882. Its first effect is irritant but soon followed by the reverse. It is both antiseptic and sedative. The REVIEW would remark, in passing, that this drug is too little used, as well as the more common agent—water.

**TO DISGUISE THE TASTE OF QUININE.**—In the Indiana Pharmacist J. K. Lilly proposes the syrup of Yerba Santa for the above purpose. Very little seems to be known about the substance. The purest state in which the writer has as yet been able to obtain it is in the form of an amber, mucilaginous mass, soluble in water and alcohol, insoluble in ether, benzine and chloroform, precipitated by strong acids, and re-dissolved by alkalies. It may be prepared by mixing a fluid extract, made with a menstruum of not less than 75° alcohol, with an excess of water, boiling to drive off alcohol, shaking with finely powdered pumice, allowed to stand, then filtering and the filtrate evaporated to the consistency of an extract. The following formula is proposed for the preparation of a syrup which has proven to be very satisfactory:

|                                |          |
|--------------------------------|----------|
| Fluid Extract Yerba Santa..... | 4 parts. |
| Water .....                    | 8 “      |
| Powdered Pumice.....           | 1 “      |
| Granulated Sugar.....          | 14 “     |

Mix the fluid extract with the water, evaporate to seven parts, shake with pumice, allow to stand, decant, add sufficient water to preserve measure, then with heat dissolve the sugar. The addition of fluid extract of licorice in the proportion of half a drachm to the ounce of syrup, or of aromatics, adds somewhat to the elegance of the preparation. When quinia or other bitter substances are suspended in this syrup their taste is completely masked. It is far superior to the licorice preparations used for the same purpose, is pleasant and agreeable, and is easily prepared.



**THE BACILLUS OF LEPROSY.**—Additional interest is attached to the statement of a bacillus lepræ, coming as it does at a time when Koch has been making his discoveries about the bacillus of tuberculosis. In 1874 Armauer Hansen reported that he had found small rod-like bodies in leprous tubercles. Köbner has found these bacilli in the blood drawn from both old and new tubercles and also in that drawn from apparently healthy parts. That leprosy is not more frequently spread by contagion, may be explained by the fact that the bacilli are not found in the epidermis, and that although they are found in the discharge from leprous sores, patients who have arrived at this deplorable condition are almost universally shunned.

**GELSEMIUM IN RHUS POISONING.**—At this season of the year poisoning from ivy and oak is far from infrequent. The affliction may not be dangerous, but it is often painful, tedious, and annoying to both patient and physician. The usual treatment, says Dr. Benjamin Edson, in the Medical Record, by the application of lead washes, alkalies, and various mercurial solutions has rarely exerted any marked effect upon such cases and has often been destitute of the merit of being even palliative. The chief satisfaction has usually been that something was being done, and presumably the best that could be done under the circumstances.

In spite of the various modes of treatment the summary given by Duhring represents the general experience. "The process may continue from one to six weeks according to the severity of the attack, and other circumstances, as for example, treatment. Under proper treatment, the majority of cases recover in the course of a fortnight. The first case the doctor saw last summer, was a lad whose hands, arms, and legs were swollen to nearly double the ordinary size, the skin over parts tense and hot, covered with nondules and vescicles of various sizes some of which had burst

open and were discharging an abundance of irritating fluid. The penis and both cheeks were involved. The suffering was almost unendurable. Nothing had given relief. The following wash was extemporized: Acid Carbolic, one-half dram. Ex. Gelsem. Fluidi, two drams. Glycerinæ two drams. Aquæ, ad. four ounces. With this cloths were moistened and applied. Internally, the fluid extract of gelsem two minims every three hours was given. The pain speedily subsided together with other unpleasant symptoms. Recovery was direct and rapid. Subsequent cases were treated in the same manner excepting in some cases the carbolic acid was omitted and with equally good results.

**AMYL NITRITE FOR AGUE.**—Dr. Saunders, of Indore, India, reports in the Indian Medical Gazette, a number of cases of ague successfully treated with amyl nitrite. He asserts that in every instance the disease yielded quickly and permanently to the amyl treatment. He mixes the drug with an equal volume of oil of coriander, to make it less volatile and to cover its odor, and administers it as follows: Four drops of the mixture are poured on a small piece of lint, which is given into the hands of the patient for him to inhale freely; he soon becomes flushed and both his pulse and respiration are much accelerated, and when he feels warm all over, the inhalation is discontinued, as the symptoms continue to increase for some time afterward; a profuse perspiration now sets in, which speedily ends the attack, though in some cases the cold stage merely passes off without any hot or sweating stage.

Two millions of persons have been vaccinated in the State of Illinois during the last fifteen months. For this reason small-pox has made small progress of late in the State, the disease in the majority of cases having been confined to those first attacked.

**SUCCESSFUL SPONGE GRAFTING.**—Dr. Norman Poeritt reports in the *Edinburgh Medical Journal* a case of sponge grafting according to Dr. Hamilton's method. The patient was a boy fourteen years of age. He had fallen against a revolving drum and his right cheek presented an oval charred cavity four inches long and two inches in the greatest breadth. The cavity had the appearance of a burn, the result of the severe friction to which the surface had been exposed. A piece of sponge prepared according to Dr. Hamilton's directions, was so placed as to exactly fill the cavity without rising above its margin. Protection silk was laid over the sponge and the whole secured by plaster. Boracic lint and wadding and a bandage completed the dressing. On the fourth day after the dressing was applied, a small granulation was found protruding through the upper portion of the sponge. Five days later the sponge had been completely concealed by the granulations, but could be detected by displacing the latter with a forceps. After two weeks the whole of the sponge had disappeared, with the exception of a few small particles. Its place was occupied by healthy granulations, at the border of which cicatrization was taking place. After another period of four days, the wound was only three-fourths of an inch long and one-fourth of an inch broad and was rapidly cicatrizing.

ANOTHER way of stating that atropia paralyzes a peripheral sensory nerve is given by Dr. A. D. Williams in *Martin's Chemists' and Druggists' Bulletin*. He says what physician has not been puzzled to know what to do for the constantly recurring ear-aches of children at night? The most effectual treatment, and the one which has stood the test of years, is the local application of a solution of the sulphate of atropia. Not a single case but has yielded at once. The solution is to be simply dropped into the painful ear and allowed to remain there from ten to fifteen

minutes. Then it is made to run out by turning the head over, then being wiped with a dry rag. The solution may be warmed to prevent shock. From three to five drops should be used at a time. The strength of the solution must vary according to the age of the child. Under three years, one grain to the ounce, and over ten years four grains to the ounce of water. In grown persons almost any strength may be used. All ages will bear a stronger solution in the ear than in the eye. The application should be repeated as often as may be necessary. Usually a few applications will stop the pain. In acute suppurative inflammation of the middle ear, and acute inflammation of the external meatus, atropia will only slightly palliate the suffering, but in the recurring nocturnal ear-aches of children it is practically a specific.

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THE following is the summary of an able article on the treatment of foreign bodies in the air passages by Louis Elsberg, M. D., published in the *Philadelphia Medical Times*:

1. A person with a foreign body in the air passages should never be left without medical care.
2. Medical treatment in most cases is insufficient; emetics are dangerous.
3. Expert laryngoscopical procedure for removal should be had whenever possible.
4. Prophylactic tracheotomy should be performed at the slightest indication, in every case in which immediate removal is impossible.
5. Procedures dangerous and often unsuccessful before tracheotomy can, if need be, safely resorted to, and with increased chances of success often.
6. For impacted foreign bodies which cannot be removed per vias naturalis, if not lower down than the superior laryngeal cavity "subhyoidian pharyngotomy" and if lower down, either high or low tracheotomy instead of thyrotomy, are the preferable operations for extraction.



**RUPTURED MEMBRANA TYMPANI.**—Dr. H. Augustus Wilson in the *Medical News* relates two cases of rupture of the membrana tympani caused by diving. Traumatic rupture of the ear appears to be a rare occurrence, judging from statistics. In both cases the patients complained of hearing a loud noise upon reaching the water and afterwards a loss of hearing. On examination, in each case the membrane was found with a tear in it. The treatment the Doctor gives as follows: First thoroughly drying the parts with absorbent cotton, then painting the membrane with collodion, mucilage of acacia, or some other unirritating substance might be used. The method of application is of more importance than the material used. The membrane should be delicately painted with collodion on a fine brush. As it dries the torn particles are brought into place. To prevent rupture when diving, it is necessary that the pressure upon the membrane should be the same within and without. To accomplish this, a full inspiration should be taken before diving; the mouth kept shut; and, to prevent the escape of air by the nose, the posterior nares should be closed by elevating the soft palate.

**CHLORAL IN VARICOCELE.**—Our means of treatment of varicocele are, on the whole, not entirely satisfactory. Anything which promises fair success is therefore worthy of trial. Dr. Angelo Regatto, in the *Gazetta Medica Italiana* reports cases of cure by Porta's method. The operation is performed by the injection, at several points, into the covering of the varicocele of seven or eight grains of chloral hydrate. There is some danger of orchitis though slight and this may be controlled by such cold applications as may seem necessary. It is well to note in this connection that some irritant other than chloral might be of even greater service, although chloral has the merits of being comparatively safe and has good antiseptic qualities.

**THE OLEATES AND OLEO-PALMITATES IN SKIN DISEASES.**—Dr. Jno. V. Shoemaker has called attention in the *Medical Bulletin*, July, 1882, to this useful preparation. Until recently the so-called oleates were only solutions of oxides in oleic acid; but, by means of the double decomposition of sodium oleates with solutions of neutral salts, a stable compound of definite chemical formula is produced. Oleates of the following metals are produced, viz: Mercury, zinc, lead, copper, bismuth, iron, arsenic and silver. Wherever for any reason absorption by the skin surface or a local action thereupon is desired the above preparations are valuable. The main advantage in their use may be summed up as follows, i. e.: Deep penetration, freedom from rancidity, cleanliness, economy, and, lastly, an antiseptic action.

**SUDDEN PARALYSIS.**—In writer's palsy and other neuroses from over use, the trouble is usually one of long standing, and the patient has many warnings. Dr. Chas. H. Lodor reports a case of a laborer hammering all day long, in which the paralysis, without any warning whatever, commenced at 4:30 P. M., and by night extended throughout the muscles of the forearm, excepting the palmaris longus and flexor carpi ulnaris. Loss of power was absolute. No local tenderness was present. No antecedent history bearing upon the trouble could be elicited. Cutaneous sensibility remained almost normal.

**ADMINISTRATION OF IRON.**—The tincture of chloride of iron may be administered with safety to the teeth by enclosing it in a capsule of gelatine. A good method is that in use at the German Hospital of combining the tincture with phosphoric acid, curacao cordial and water, or the solution of the acetate of ammonia. The administration of the tincture in combination with dilute phosphoric acid and malt extract is recommended. It is said that by this combination the malt extract is deprived of its disagreeable sweet taste.

**HOSPITAL TENTS IN TIME OF PEACE.**—Of the many lessons of the war of the rebellion, says the Boston Medical and Surgical Journal, one of the most striking was in regard to the superiority of open buildings and tents for hospital purposes. A practical application of the lesson has been made for many years at the Boston city hospital. An inspection of the tents in use during the present summer, will convince the visitor of the practical benefits to be derived from such a temporary addition to the permanent structure. There are at present in use two large tents, each sixty by twenty feet, and several smaller ones which furnish separate quarters for patients in need of isolation, and which altogether accommodate fifty beds. They are floored with a carefully matched and well made floor, raised from the surface to allow circulation beneath; furnished with a fly which forms a second roof with a layer of unconfined air between the two surfaces of canvas; water is brought close to hand by a connection with the city water works, and connection with the sewers is made in a temporary building perfectly separate, but conveniently near, and gas furnishes at night the necessary illumination. All the appliances of the hospital, proper, are, of course, at the disposal of the staff on duty in these temporary structures. The service for the twenty four hours is performed by a corps of nine ward tenders and nurses. Ventilators at either end allow the escape of the heated air of the upper stratum, both ends are left widely open, allowing free circulation of air, and, in fact, the patients may be said to be placed in the open air on a dry flooring, and sheltered from the sun and rain.

The advantages of such free access of the outer air has been abundantly demonstrated over and over again. No claims of miraculous results are made by the hospital authorities, but as a rule wounds do well, patients recover quickly, and there is an entire absence of hospital epidemics.

One of the principal advantages, perhaps the greatest, of these additional wards, is the effect upon the ordinary wards of the pavilion; overcrowding is entirely done away with, and during the summer each ward can in turn be vacated and left entirely unused for an indefinite period, to be cleaned and aired without disturbance or haste to re-occupy it. Thus the effect of this out-door camp is not limited to the patients who actually sleep beneath the canvas, nor to the summer season, but the benefits are continued the whole year round, and are shared by each and every of the inmates.

The entire cost of these tents, fully equipped and ready for use, is a trifle more than three hundred and fifty dollars, a comparatively small sum when we remember that the tent itself is good for more than one year's occupancy. One item not to be neglected in estimating the advantages of such an arrangement is the moral effect upon the patients themselves. The novelty of the situation, the easy approach to the green grass, and the general fascination of camping out, make the tents very popular.

The use of tents in connection with civil hospitals is by no means new. In Russia the employment of temporary barracks in summer is said to be a long-established custom, made necessary by the extreme changes from winter to summer, and tents have been used in times of peace, to a certain extent, by most of the military nations of Europe, while in other cities of this continent tents or temporary structures have been employed on various occasions, but we doubt if their use is anywhere carried to greater perfection or made more systematically beneficial. Whatever may be said about the originality of their use as an adjuvant to permanent structures, there can be little doubt of their utility. We draw attention to it because it seems sometimes, when we watch the erection of costly, permanent building, as if the lessons of the war were forgotten.



DR. OLIVER WENDELL HOLMES says: I have known a practitioner, perhaps more than one, who was as much under the dominant influence of the last article he had read in his favorite medical journal as a milliner under the sway of the last fashion-plate. The difference between green and seasoned knowledge is very great, and such practitioners never hold long enough to any knowledge to have it get seasoned.

THE BURNING OF THE RING THEATRE at Vienna, gave rise to many important medico-legal investigations respecting the sex and identity of charred corpses, of which Ed. Hofmann and Schultze give a description (*Wiener Med. Blätter*, 1881, No. 50, page 1,138). In determining sex where the external genitals were completely destroyed, the chief point relied upon, was the absence or presence of the uterus and ovaries. In ascertaining the approximate age, external appearances were quite unreliable. The union of the epiphysis with the diaphysis of the humerus, which first takes place at twenty-four years of age: the ossification of the ribs, and more especially the ossification of the larynx, which generally begins between the thirteenth and thirty-fifth year, and is completed in the fortieth year, were found to be the best and most easily ascertained data. In women the state of the ovaries was important; these being smooth in girls and young women cicatrized in older women. The hair of the head and beard was generally black, and had to be washed before its natural color could be ascertained. The cornea was generally milky and turbid, as if boiled. Often the obsolescence of the cornea gave to the iris a deceptive blue appearance. The teeth, though calcined and crumbled, were nevertheless serviceable in determining the age. The nails, too, in some cases, served for identification. In a large number of cases the blood was of a florid color; and this may have been due to the inhalation of carbonic acid gas.

THE GRAPHICAL METHOD AS APPLIED TO THE FEET.—The Medical News says this method of studying the feet was begun thirty years ago, and yet in spite of this and the brilliant results of Marey, Ludwig, and a host of others, in the use of the same method for other purposes, it is only of late that it has been systematically applied to the investigation of the physiology and pathology of the feet. The method to reproduce the foot-prints of a criminal which Causse published in 1854 in *Annales d'Hygiene*, is in principle, though with ingenious modifications, still the best. One footprint made evidently by a bare and bloody, highly arched left foot was found, and there were eight asserted criminals. He smeared the floor with defibrinated blood. Each of the eight prisoners stepped first on the bloody floor, with the bare left foot, and then on a brick. Each impression so made was measured by ordinates and abscissæ, and compared with the tell-tale footprint for identification. The real systematic graphic study of the feet we owe chiefly to Hilton, Onimus and Rohmer. Two methods are practicable: The first by tracing the outlines of the foot, the other by obtaining the impression of the sole of the foot. Hilton in his *Rest and Pain* in 1863 attracted especial attention to the outline method. In many cases of disease not only in the foot but in the various portions of the extremity he observed that the feet were unequally developed, and accordingly with the patient's feet on paper, he drew their outlines by a pencil held vertically, and these he re-produced in many places in his admirable book. The other method was established by Onimus in 1876, and he has published several very valuable papers since then, the most recent being in the *Reveu de Medicine* for 1881, and in the *Revue de Chirurgie* for last June. In 1879 Rohmer, in a Thesis for the Doctorate presented to the Faculty of Nancy, applied this system to the physiology of thi



portion of the muscular system with not a little success. After dissecting the muscles from the knee nearly to the ankle, just enough to separate them one from another, but not enough to disturb their relations to the bones, sheaths, etc., he first took an impression of the foot-sole in repose; then by traction on one muscle after another, and on groups of muscles such as would be related in normal action or in disease, he was able to show what variations in the impressions of the foot-sole were produced by the muscles, either single or in groups. To obtain the impressions of the feet, Rohmer uses copal varnish, Onisimus, fusian varnish, as fixatives applied by an atomizer, to render the impression made by the sole of a foot upon a paper smoked by a wick soaked in turpentine. Colloidion and ether, shellac and alcohol may also be used. By this method not only the physiology of the muscles of the leg and foot have been elaborated, and to some extent corrected, but paralysis, contractures, arthrites of the ankle and of the different joints of the foot, contusions, and other injuries have all been shown to affect the forms of the feet very appreciably, though the disease be at a distance, and sometimes of cerebral origin.

### LOCAL.

#### CHICAGO MEDICAL SOCIETY.

The meeting of August 7th was, in many respects, one of the best which is known in the history of the society. Dr. C. W. Earle read a very interesting and exhaustive paper on cirrhosis of the pancreas, the basis of which was two cases of the disease in his private practice with post-mortem examinations. The first case seen in November, eighteen hundred and eighty, was a male aged sixty-five, who had been actively engaged in business for many years. He had never had syphilis, and up to within a few months of the time when the doctor first saw him had never been sick. During the early part of 1880 he commenced to emaciate. For a few months previous

he had not cared to eat meat. He preferred milk, mush, oatmeal, etc. During all this time he had gradually lost flesh, had become very much emaciated, was very weak, and at the first visit his white anæmic look was particularly noticeable. There was nothing abnormal regarding the nervous system. His intellect was perfectly clear, but he complained of a roaring in his head and ears, skin sallow, conjunctiva white and round, tongue anæmic, lips without a particle of color. There was no trace of lung disease, but he complained of being very weak and tired, is short of breath, and there is a murmur, probably anæmic in character with the first sound of the heart. There was a slight pain or pressure at the epigastrium. He complained of thirst, and occasionally of nausea. There was no enlargement of any organ, neither albumen nor sugar in his urine. The legs, however, were slightly œdematous, stools black and thin, with occasional blood and mucus.

No diagnosis was made, but believing the patient to be suffering from some disease of nutrition, he was placed upon tonics, mineral acids, strychnia, and a generous diet. No improvement being made Dr. N. S. Davis saw the case in consultation. No attempt was made to name the disease but the conclusion was reached that somewhere in the line of lymphatics, or in some part of the digestive apparatus there was very serious disease, which, in all probability, would cause his death. He died one month after the first visit. Upon post-mortem examination nothing abnormal was found in any of the principal organs, except the marked whiteness of all the tissues. The pancreas was contracted, consistency abnormal, fibrous to the touch, color, white. Under the microscope, the connective tissue is extensively augmented with obliteration of certain glandular vesicles and atrophy of others induced by pressure of the new formed connective tissue as it contracted in its maturity. There was slight fatty degeneration of the parenchyma of the kidney.



The second case was that of a gentleman aged 57, an active business man; seen January first, 1882. For two years he had been failing in strength. Twelve years since he had an extensive eczema, and for five or six years has had hemorrhoids. One year ago he had what is known as a "billious attack" and has had indigestion for some years. Movements of the bowels are attended with great pain and the escape of mucus and blood. He has lost about 60 pounds. Skin very pale, almost yellow, conjunctivæ perfectly white. Pulse, respiration, temperature, normal; slight nausea when food is taken. No meat of any kind or eggs are relished. During January he was treated with paucreatin, pepsin, and the mineral acids, and at his visit, February sixth, he has gained three pounds. He is having however, alternate diarrhoea and constipation, color is no better, pain is somewhat less in the bowels. On June twenty-sixth he was seen; pulse 78, temperature 97.5°, appetite poor, bowel difficulty entirely removed, has pain and tenderness at a point just below the ensiform cartilage. He is expectorating a large amount of mucus and at times vomits something looking like fat. Two weeks since he vomited a large amount of coagulated blood, the hemorrhage continuing for about eight hours, the quantity escaping being about two pounds. He died on June 30. At the post-mortem examination there was considerable fat between the integument and abdominal muscles, but nothing abnormal as regards position of the viscera was found. With the exception of the marked whiteness of the tissues nothing abnormal was found until the pancreas was reached. This was hard, evidently enlarged, and filled with white spots plainly seen with the eye. The bowel was somewhat contracted in its calibre in some places. The pancreas measured nine inches in length. The whole organ was denser than normal. Its surface presented numerous yellowish white spots from one-fourth to one-half inch in

diameter. The lighter portions were considerably denser than the rest of the organ. Microscopic examination showed an increased amount of connective tissue throughout the organ, especially in the lighter colored portions.

The Doctor then considered briefly the physiology of the pancreas and its power of emulsifying neutral fats and passed to the pathology, speaking of induration, inflammation, acute and chronic, cancer, cysts, cartilagenous and osseous growths, and calcareous deposits.

The Doctor next considered the four or five principal symptoms supposed to be always present in disease of the pancreas, and examined into other diseases where the same symptoms are frequently found. First, emaciation. This is found in all diseases of the digestive apparatus which continue for any length of time. It is found in diseases of the stomach, stenosis of the bowels, dilatated stomach, cirrhosis of the liver, splenic diseases, Basedow's disease, scrofulous and tubercular diseases, in all of which emaciation is a prominent symptom. Second, flow of saliva. This symptom is found in a considerable number of diseases, particularly of the nervous system. Third, the presence of fat in the stools and other excretive products. This is a very important symptom, but yet it may be found in perfectly healthy persons, in jaundice. The vomiting of fat matter was present in one case. Another symptom present is epigastric pain and the peculiar color of the skin.

In conclusion, the Doctor was of the opinion that these symptoms were not pathognomonic, and that a diagnosis in diseases of the pancreas was with difficulty made.

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From August first to August twelfth six thousand one hundred and eighty-six immigrants were inspected, and one thousand four hundred and eighty-seven vaccinated by inspectors of railroads entering Chicago.

## ORIGINAL CONTRIBUTIONS.

ANTERIOR AND POSTERIOR DIS-  
PLACEMENTS OF THE UTERUS.\*

*Some Remarks Respecting its Normal Position  
and a Practical Distinction Between  
Location and Position.*

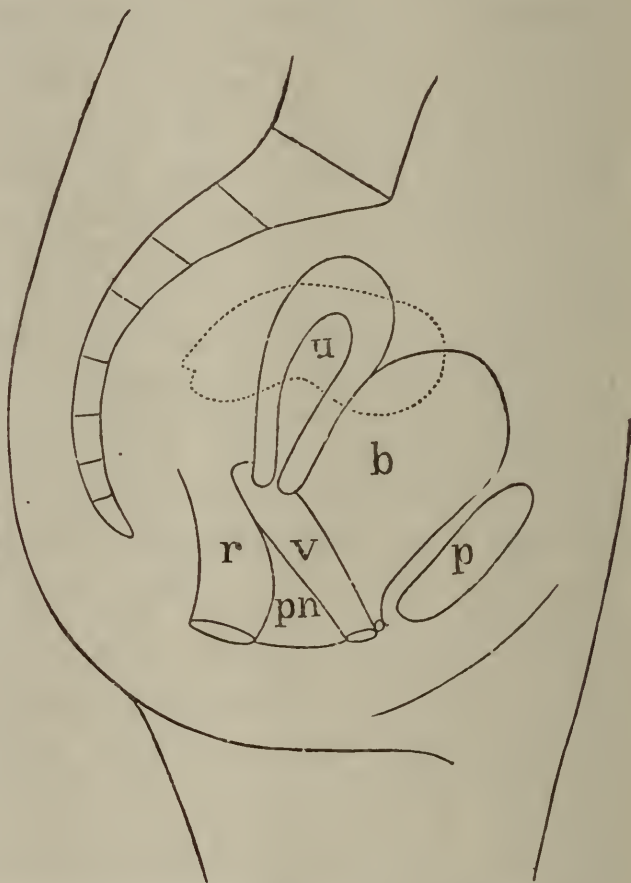
BY E. C. DUDLEY, M. D.

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Gentlemen, the most remarkable fact connected with uterine displacements, is that in treating the subject our standard authors appear to overlook or to underestimate the importance of clear and definite notions of the normal position of the uterus. Indeed, it is even true that in every one of our standard text books the plates which are designed to teach the student the normal position, really represent that much abused organ in a position which is not only abnormal, but which could not possibly fail to induce in the woman many of those distressing symptoms which certainly do result from the acknowledged mal-positions.

Barnes, the great London gynecologist, locates the uterus in the upper part of the pelvic cavity, its fundus on a level with the plane of the pelvic brim, and declares that its inclination coincides nearly with the axis of the superior strait, and that it floats between the bladder and rectum somewhat nearer the symphysis pubis than the hollow of the sacrum. Dr. Thomas coincides with this statement in every essential particular. In the text-books of Hewitt and Schröder, and in Savage's "Plates of the Female Pelvic Organs," and, indeed, in nearly every work on diseases of women, we find the uterus represented as having a straight or nearly straight canal lying about midway between the symphysis pubis and the hollow of the sacrum, with its axis corresponding to that of the pelvic inlet. I refer you to the familiar plate of the female pelvic organs in Gray's Anatomy as fairly representing the usually received opinion respecting the normal position of the uterus. Let me reproduce it on the blackboard. Here we see the bladder, rectum and vagina as fully distended, and the uterus between them occupying the only space that remains.

The authorities whom we are accustomed to consult generally agree that the normal position of the uterus is one of slight and only slight anteversion. Some admit that the least degree of forward bending may not necessarily be injurious, but all, so far as I am aware, would pronounce the organ anteverted or anteflexed, to a degree that would endanger health, if the body could be felt by bimanual examination in the anterior vaginal cul-de-sac. Obviously we cannot form sound ideas of the diagnosis of abnormal conditions until we have some definite ideas of what constitutes the normal.



r, Rectum—pn, perineum—v, vagina.

b, Bladd. r—p, pubes—u, uterus.

The dotted lines represent the uterus in its normal position.

Let us, therefore, examine with care the draft on the blackboard. Remember that the average length of the anterior wall of the vagina is two and one-half inches. Suppose a line coincident with the anterior vaginal wall of this plate to be continued through the cervix uteri until it should reach the sacrum, we should then have a line representing, approximately, the antero-posterior diameter of the pelvis. Two and one-half inches of this line coincides with the

\* A lecture delivered before a select class of students in December, 1881.



anterior wall of the vagina, and since the uterus is just midway between the symphysis and the sacrum, the distance from the posterior wall of the cervix to the sacrum must also be two and one-half inches. Add to the sum of these two parts of this antero-posterior diameter one inch for the cervix, and we have for the antero-posterior diameter of the pulvis, as this cut represents it, six inches instead of the actual diameter, four and one-third inches. Now if the anterior vaginal wall is two and one-half inches, and the antero-posterior diameter of the cervix is one inch, then it follows that the distance from the hollow of the sacrum to the posterior wall of the uterus must be the difference between the four and one-third and three and one-half inches, or five-sixths of an inch. Clearly, then, the uterus, when normally placed, should have its cervix within an inch of the sacrum.

Suppose the uterus, in this diagram, to be carried bodily upward and backward, its inclination remaining the same, until its posterior cervical wall should be five-sixths of an inch from the sacrum, as I indicate by these dotted lines, then would the body of the uterus impinge upon the bony sacrum, which is impossible. It therefore follows, that, the anteversion of the normally placed uterus must be something more than slight, because the slight anteversion represented in this cut of Gray, involves us in the absurdity that two bodies, namely the uterus and the sacrum, may occupy the same space.

In a word the bony sacrum so arches over the uterus that no space is left through which the fundus could possibly be turned back into retroversion so long as the cervix is in its normal position unless we suppose the uterus to be partly outside of the pelvic cavity.

Let us consider for a moment how wisely nature has disposed of this question of the normal position of the uterus, if she had placed it in the position represented in the ordinary cut, then, it is easy to see, that the downward pressure of the contents of the abdomen would not fall upon the posterior wall of the uterus, so as to hold that organ in its normally anteverted position, but rather upon the anterior wall, and all of the intra-abdominal forces would therefore tend to force the uterus backward into retroversion. The dotted lines show the uterus in its normal position with its cervix about an inch from

the hollow of the sacrum and its body forward in marked anteversion, with an amount of anteflexion, which, although not very slight, you will yet find, upon careful examination of a large number of cases, to be entirely natural.

The intra-abdominal forces, when exerted downward upon the uterus, thus normally placed, must now necessarily fall upon its posterior wall, in such a manner as to prevent retroversion, moreover, so long, as the cervix remains fixed in its proper position, which we have proved to be within an inch of the hollow of the sacrum, neither these nor any other forces could by any possibility cause retroversion, because, as we have before remarked, the promontory of the sacrum, just above, stands in the way to arrest any backward movement long before it could progress to the extent of retroversion.

Much of the confusion respecting the normal position of the uterus has certainly arisen from faulty methods of examination. Upon your clear knowledge of those steps which must necessarily be taken in order to determine with accuracy the location and position of the pelvic organs, and upon your appreciation of the vast importance of accurate diagnosis in this particular must depend your success or failure. The ability to manage efficiently and gracefully a case of uterine displacement is rare, and he who possesses that ability stands on a decided vantage ground over the great majority of medical men, both old and young.

It is a matter of surprise that so few physicians have what can fairly be called a practical knowledge of the methods for the physical examination of the female pelvic organs, and this surprise is increased by the fact that the whole subject is so simple. Indeed, every one of you who pays close attention, may within half an hour have the key to a competent, practical knowledge of the diagnosis of the positions and mal-positions of the uterus. Clearly the full distension of the rectum, bladder and vagina which we find in many of the cuts is unnatural, and should not figure in a representation of the normal position of the uterus. On the contrary, the vagina is a collapsed tube, with its anterior wall resting upon the posterior, both being supported by the perineum. Moreover, nature has provided both bladder and rectum with the ability to expel their contents, so that in health, most of the time



these organs contain but little, and are also, to a considerable extent, collapsed. At least it may be presumed that in health the pelvic organs would be in their normal relations, when the rectum and vagina are empty or nearly empty. Then let me urge you to see that these conditions are present whenever you are about to make a gynecological examination.

The rectum must be empty, because its distention is apt to distort the vaginal walls and deprive the examiner of the space necessary for the introduction of the speculum. The full rectum also crowds the cervix forward and throws the uterus out of its true position. Even more troublesome to the examiner is the presence of even a small quantity of urine in the bladder, because it causes the patient to render the abdominal muscles tense whenever the hand is placed over the lower portion of the abdomen, for bimanual palpation, and renders it impossible for him to engage the uterus between the hand over the abdomen, and the examining finger. The distended bladder, by pushing the body of the uterus upward and backward, renders bimanual palpation almost useless. You are not likely to overestimate the importance of the precautions just mentioned. Is it at all wonderful that so much loose work is done in diagnosis, when the patient is examined one day with the rectum and bladder full, another day empty; one day in the dorsal position, another day in Sims' position; one day with the cylindrical or bivalve speculum; another day with Sims' or Simon's?

For the digital examination always place your patient in the dorsal position, and then, rectum and bladder being empty, you will generally have no difficulty in engaging the uterus between the examining index-finger of the left hand, in the vagina, and the fingers of the right hand pressed down behind the pubis. You will be surprised to find the uterus, if in position, decidedly anteverted; indeed, sometimes almost parallel with the axis of the vaginal, its fundus pointing toward the symphysis. You will also find ante flexion to exist at the juncture of the cervix and body, a sort of hinge, as it were, at this point, which allows the body of the uterus considerable latitude of antero-posterior motion, varying according to the quantity of fluid in the bladder, so that, when the bladder is quite full, this flexion disappears and the

uterine canal becomes straight. In health, the fundus may thus move forward and backward, in the way indicated over the arc of a circle, the radius of which is the axis of the uterus. This arc is probably about one and a half inches in length. For exploration of the uterus the latero-prone or Sims' position and Sims' speculum will give you the maximum of light and space. Indeed, the cases are numerous in which you will utterly fail to make satisfactory explorations in the dorsal position with either the cylindrical or bivalve speculum. In exploring the uterus to ascertain its position always use the fine, silver probe of Emmet, never the sound, because the uterus being so freely movable, will often be thrown out of position by the larger unyielding instrument. I have spoken so fully at other times of the dangers of the sound and its liability to produce cellulitis and of the great caution which should be exercised in all manipulations of the uterus when the patient has suffered from this disease, that no further caution seems necessary at this time. The teaching which I have just given you, relative to the normal anteversion, and ante flexion of the uterus is, you are already aware, at variance with those authorities whom you are accustomed to consult. These views respecting the position of the uterus when first presented by Schultze, and afterwards endorsed with little change by Fritsch and others, were received with ridicule, but they have slowly found favor until at the present day they are received as correct by the most modern gynaecologists at home and abroad.

Do not let me be misunderstood as holding the opinion that ante flexion is always a normal condition. The normal ante flexion to which I refer forms an angle between the body and cervix of the uterus of not more than forty or fifty degrees and always disappears when the bladder is distended. If the ante flexion is greater than fifty degrees, and does not disappear upon distention of the bladder, it may then be regarded as pathological. In making the differential diagnosis between normal and abnormal ante flexion, it is well to evacuate the bladder first with the catheter, and then to examine both by bimanual palpation and by means of the probe. Then distend the bladder by injection and again examine by the same means. If an ante flexion of less than about fifty degrees has been found to disappear upon distention



of the bladder, then ante flexion is not pathological. If, on the contrary, it has remained it is pathological.

Fritch says that when the bladder is empty the position of the uterus is one of marked ante flexion, that the body of the uterus makes, with its cervix, an angle of nearly ninety degrees, and that this flexure readily varies between  $0^{\circ}$  and  $90^{\circ}$  according as the bladder contains little or much fluid. Schullze finds, upon careful measurement, that the angle through which the fundus normally moves is one of about  $48^{\circ}$ . Probably this is nearer the truth. I have fived upon  $50^{\circ}$  as about the maximum angle of normal ante flexion, though by no means prepared to deny that the  $90^{\circ}$  of Fritch is necessarily pathological.

It is, however, to be born in mind that when this flexure fails to be overcome by distention of the bladder, whether the angle be  $90^{\circ}$  or  $50^{\circ}$  or even less the rigidity is due to some fault in the nutrition of the organ, such for example as inflammation, and is undoubtedly pathological.

Very significant, moreover, is the fact that most women who suffer from dysmenorrhœa are found to have ante flexion of the uterus. This is only saying that the majority of these women have the uterus in its normal position. In view of this fact, it is clear that surgical interference in cases of dysmenorrhœa is only justifiable as far as the ante flexion is concerned, when that ante flexion is pathological, i. e., when the uterus is bent at an angle of more than about  $50^{\circ}$ , and does not become straight upon injection of the bladder.

A few words on the general principles of the treatment of anterior and posterior displacements by mechanical support. Even at the risk of prolixity let me repeat, with all the emphasis possible, what has already been said about the normal distance of the cervix from the hollow of sacrum. Manifestly, if the cervix be in its normal position within an inch from hollow of sacrum, retroversion must be impossible, because the sacrum which arches over the uterus when the cervix is in this position, would prevent the body from turning back. The body of the uterus must then fall forward into its normal position.

Therefore, one may declare the following general principle for the management of retroversion. *Fix the cervix in its normal location and the retroversion is impossible.* Any pessary that does this answers

the indication so far as retroversion is concerned. The pessary is not a lever as is ordinarily supposed, and the application of the word lever is unfortunate, because by its use we have come to regard the pessary as doing its work by acting on the body of the uterus, and by holding it from its mal-position. Thus a large variety of pessaries have been devised which are supposed to do their work by propping up the body of the uterus. They are designed to exert pressure on the posterior wall of the body of the uterus to keep the organ from falling back in retroversion and retro flexion, and upon the anterior wall in cases of anteversion and ante flexion.

Now comes the point of the whole subject. It is that no pessary should ever press upon any part of the uterus at all. Its only action upon the uterus should be indirect, and should be exerted through the vaginal walls. In a word the pessary should restore the position of the displaced uterus by restoring the relations of the vaginal walls to which the uterus is attached. Let me once more revert to the mechanism of the so-called anterior and posterior mal-position. I say so-called because it is my purpose in a few moments to show that a better word than mal-position may sometimes be used. In a given patient, from some cause, the vaginal walls may have become relaxed, and may have settled to a lower level in the pelvis. As an associated fact the uterus which is attached to these walls must then also occupy a position correspondingly nearer to the vulva, which is to say, the position of the cervix has changed so that space enough exists between it and the hollow of the sacrum for the uterus to turn back into the position of retroversion or retro flexion. If this has not occurred, and the axis of the uterus has remained constant, then the whole organ has its position so far toward the pubis, that its body acts as a mechanical irritant upon the bladder, and produces those symptoms ordinarily ascribed to anterior displacements. But experience has shown that if some mechanical support is so placed that the whole uterus is made to take its normal position with its cervix, near the hollow of the sacrum, then all of these symptoms disappear, even though the anteversion, which was supposed to have produced the symptoms, be rather exaggerated than otherwise by the action of the pessary. Therefore it is not anteversion which does



the mischief, but the invasion by the uterus into that territory which properly belongs to the bladder. Just here let us make a most important distinction, and as you value your professional success, always keep in mind that distinction whenever you have to do with the management of uterine displacements. The distinction is between mal-position and mal-location. You observe this book lying on my table. By turning it partly around, I have changed its position. If I should throw it across the room, that would be changing its location. It matters nothing how much the uterus is anteverted, if its location is so far back toward the sacrum that it cannot irritate the bladder. Moreover when its location is normal, as has been remarked, posterior version is impossible, so that upon the proper location of the uterus depends its proper position.

Bear in mind the fact that this lecture has to do specially with mal-position and mal-location of the uterus, and not with enlargement of that organ. If the uterus is very much enlarged, it may act as a mechanical irritant upon the bladder, and this irritation will persist whatever the location until the organ has been reduced in size.

In general, the pessary properly acts by crowding the posterior vaginal cul-de-sac backward into the hollow of the sacrum so that the relations of the relaxed vaginal walls shall be restored, and the cervix which is attached to them shall be drawn backward to a proper distance from the symphysis. Much of the disappointment and discouragement in the use of pessaries has come from pernicious practice of attempting to place the instrument in such a way that it shall fulfil its indication by direct pressure upon the uterus, instead of by its action upon the vaginal walls. Remember that direct pressure upon the uterus from any cause when long continued is apt to irritate the organ and may consign the patient to years of suffering, the result of pelvic cellulitis or peritonitis, two conditions so often traceable to a badly adjusted pessary.

If you are about to place a pessary for so called anterior displacement it is unnecessary first to replace the uterus as the pessary, if properly fitting will do this for you. But in retroversion and retroflexion, always replace the uterus before adjusting the pessary, otherwise the instrument will press upon the sensitive uterus

when one of three unfortunate results must occur.

I. The pessary will not be tolerated on account of pain. II. The pessary will be forced down by pressure from above so near to the vulva that it will fail to do the least good. III. The uterus finding it impossible to hold its position against the pessary, instead of taking its proper position will often be bent over it in exaggerated retroflexion so that the cervix may be between the pessary and the pubis and the body between the pessary and the sacrum, or the whole organ may slip off to one side of the instrument into a mal-position more serious than the one for which relief is sought.

The object of these remarks has been simply to point out certain general principles. If you will hold them clearly in mind, you will escape, for the most part, those difficulties which generally beset the student in the pursuit of the subject of anterior and posterior displacements of the uterus, which will be considered in detail in subsequent lectures. Let me summarize as follows:

I. An important distinction should be made between position and location and mal-position and mal-location of the uterus.

II. The normal location of the uterus requires the posterior wall of the cervix to be not more than an inch from the hollow of the sacrum, and the anterior wall of the cervix to be about two and a half inches from the lower extremity of the symphysis, that is the anterior wall of the vagina and the utero-sacral ligaments measure in length respectively about two and one-half inches and one inch. Connect these measurements with that of the antero-posterior diameter of the cervix, and we have approximately the antero-posterior diameter of the pelvis four and one-third to four and one-half inches.

III. The normal position of the uterus is one of decided anteversion, and associated with this the uterus may be normally anteflexed to an extent of at least about  $50^{\circ}$  when the bladder is empty. This flexion, if normal, should disappear upon distention of the bladder.

IV. In the treatment of anterior and posterior versions, so called, the following general principle furnishes a key to the whole subject. Fix the cervix where it belongs and very generally the remainder of the uterus will take care of itself.



V. The lever action of the pessary by which it acts directly upon the walls of the uterus is always pernicious and generally dangerous. The pessary should do its work by crowding the posterior vaginal cul-de-sac backward into the hollow of the sacrum and thereby drawing with it the displaced cervix.

VI. The Hodge pessary or some modification thereof, such as Albert Smith or Emmets fulfills this indication better than any other instrument. All pessaries having external attachments, all pessaries acting upon the anterior wall of the vagina, all intra-uterine stem pessaries, their name is legion, either fall into disrepute when considered in connection with this general principle, or their supposed great field of usefulness becomes very much restricted.

## CORRESPONDENCE.

### TOY-PISTOL TETANUS—PARROTS AND HEALTH—BOARD OF HEALTH WORK—TOBACCO POI- SONING.

NEW YORK, August 13, 1882.

The question of death from the use of the toy-pistol has been very much agitated recently. During the month of July, deaths from this cause were very numerous. It has been claimed that the pistol, when used with blank cartridges, is much more dangerous than when fired with a ball cartridge. The toy-pistols made to discharge only blank cartridges are the subject of aldermanic interference.

July 4th twenty-five cases of wounds from the toy-pistol were brought into the Chambers street Reception Hospital. Dr. C. A. Jersey, the physician in charge, said, on being interviewed, that the toy-pistol was an invention of the devil. It was a horrible instrument of torture. During the last four years they had had at the hospital so many cases of wounds by it that they had become quite proficient in their treatment, and consequently met with but two cases this year that were serious; none of the patients died. The trouble is not that the paper, saltpetre, etc., are, per se, poisonous, but it is that they are buried in the palm, and are so easily brought into contact with nerves, arteries, veins, etc. Pus can travel with great facility. Cauterization does no good, or at least but little good. The foreign substance causing irritation must be

first removed. The hand is usually cut open at once, the foreign substance removed, and the resulting wound cleansed with a two per cent carbolic acid solution. There is great danger of erysipelas. The tetanus results from nerve irritation. The patients treated at the Reception Hospital were boys between the ages of four and sixteen.

At Bellevue Hospital twenty cases of toy-pistol wounds were treated on the Fourth of July, three becoming inmates of the hospital. But one case was treated in the New York Hospital, and but four cases in St. Vincent's Hospital. Dr. E. A. Dracklow explained these figures by saying that there are cases which are not likely to come to the hospitals except for temporary treatment. The parent of the injured children seeing no bullet wound, and nothing but a blackened, burned and slightly lacerated hand, do not recognize the serious nature of the wounds, and neglect to call in medical assistance. The coroner's office usually had much to do with the result of toy-pistol wounds.

Dr. Knox, the Coroner, had investigated very many cases of death from toy-pistol tetanus, and was of the opinion that death resulted very frequently from pyæmia arising from toy-pistol wounds, and that these cases rarely come under official investigation.

A curious case of tobacco poisoning is reported from Brooklyn. A child purchased a cake at one of the refreshment stands in Prospect park. After eating a small portion of it, he was taken with nausea and vomited freely. A physician being summoned declared that the child was suffering from tobacco poisoning, and, on examination, tobacco was found scattered through the cake. This accident indicates the necessity for some sort of supervision of the bakeries, as there is but little doubt that the subordinate workmen are not of the most cleanly habits possible.

The tenement house inspectors have just made their first report to the Board of Health for the summer of 1882. The health of the city is relatively good. There have been recently erected various improved tenements, which tend to reduce the percentage of sickness among the city's tenement population. It is a curious fact that one of the most pestilential portions of the city is on the east side, north of One Hundredth street. The Board has issued rules for the care of infants,



which have been largely distributed among the tenement house population.

The American Otological and Ophthalmological Associations are two closely allied bodies. In point of fact there is no very strong reason for their existing as independent. Nevertheless they continue to hold two distinct meetings in close proximity at the same place. They both held meetings recently at Lake George. They generally hold meetings at some fashionable resort. The meeting of the Otological Society was held first. The presiding officer was Dr. J. Orne Green, of Boston. The first paper, which was by Dr. O. D. Pomeroy, was on the use of drainage tubes in suppuration of the middle ear. The narrowing resulting from otitis media had rendered it difficult or impossible to cleanse the ear. Incisions to relieve this narrowing had proven of little service, whereupon an india rubber tube had been introduced and found useful. When the canal was nearly closed it was necessary to pass a probe through the rubber tube catching it upon its end so that the tube was nearly reduced to the size of the probe, whereupon it could be passed nearly down to the tympanum. When in position the rubber tube resumes its form and size. In three or four days after large tubes could be introduced without a probe. The best instrument to introduce them was a cylindrical probe with four deep notches in its extremity.

Dr. McKay asked if relapses had occurred. Dr. Pomeroy said that they had, but not frequently. Dr. Orne Green had used pledgets of absorbent cotton with advantage. Dr. Seely asked how long it took to dilate the narrowed meatus, Dr. Pomeroy said from two to six weeks. Dr. Seely had not had any special difficulty with the cotton and thought the tubes not absolutely necessary. Dr. Knapp had used perforated flexible silver tubes to prevent narrowing of the meatus. Dr. Kipp had found incision of value.

Dr. A. Matthewson reported a case of abscess of the cerebellum following upon otitis media months after an apparent cure. Dr. C. S. Merrill reported a case in which acute otitis media had been followed by cerebral symptoms and death.

Dr. McKay reported a case in which an acute otitis media resulting from traumatism had been followed by facial paralysis, mastoiditis and chronic meningitis.

"Boiler makers deafness" was then discussed; very opposite opinions being expressed as to the pathology of this affection. Dr. Theobald reported a case in which closure of both external auditory canals had followed upon chronic otorrhœa.

The officers elected were as follows: President—Dr. J. Orne Green; Vice-President—Dr. J. S. Prout; Secretary and Treasurer—Dr. J. B. Verrymyne.

The Ophthalmological Society's president was Dr. H. D. Noyls. Dr. C. J. Bull reported a case of pulsating vascular tumor of the orbit and eyelids which had been improved by treatment with electrolysis. Dr. Seely reported a case in which there had been serous effusion into the vitreous, causing temporary loss of vision. The case was of malarial origin, and the patient ultimately recovered. Dr. McKay reported a case in which the iris seemed to have completely disappeared after extraction of a cataract. Dr. W. F. Norris reported cases of hereditary atrophy of the optic nerves, in which good results had been obtained by the use of strychnine. Cases in which inhalations of amyl nitrite had proven of marked value in retinal anæsthesia were reported by Drs. R. H. Derby, Harlan, Risley and the President, Dr. Theobald reported a case in which a fragment of a glass test-tube was driven through the cornea into the anterior chamber, when it was seen hanging by a shred of tissue to the wound of the cornea. The fragment fell through the pupil into the posterior chamber and disappeared. Nothing was left in two weeks but a slight corneal scar. The glass has remained in the eye ten years without bad effect. Dr. Green had seen a case where a piece of percussion cap had lodged in the lens without producing any general opacity. Dr. Pavley had seen a case where a piece of glass lay in the iris for a long time, and did not produce symptoms requiring interference. Dr. Nogle had seen a case where a piece of iron passed through the cornea and adhered to the lense, there remaining for sixteen years. Dr. Kepp had had a similar case where a percussion cap remained in the retina for eighteen years without bad result.

The officers elected were: President, Dr. H. D. Noyes; Vice President, Dr. W. F. Norris; Secretary and Treasurer, Dr. R. H. Derby.

The questions respecting the results of



drowning suggested by the Malley trial have led to some general examinations of the subject. In an interview with an expert who has had much experience with drowned persons, certain facts of general medical interest were elicited. He says that in many cases it is almost impossible to tell by the injuries on the bodies of persons whether they have been subject to violence. There may be incised wounds but these are often produced by the body being dashed against spikes and splinters. In one instance the body of a woman drifted under a pier and got entangled with a rope in such a manner that this produced marks resembling traces of blows yet their origin was clearly apparent.

### REVIEWS.

**SORE THROAT.** BY PROSSER JAMES, M. D.  
Philadelphia: Lindsay & Blakeston.  
1880.

This handy little book holds a place by itself in throat diseases, since it shows more clearly than do other works, the relations between throat diseases and general pathological states. The chapter on the general treatment of sore throat is unique. The use of aconite, both for its local and systemic effect has both clinical and physiological proof of its value. The author's caution in its use is both well stated and necessary. In passing the REVIEW would remark that entirely too little attention is given to the local action of remedies in throat troubles. To relieve pain and modify nutrition, drugs in the form of troches are exceedingly valuable. Aconite, the bromides, bella donna, chlorate of potassium usually should be administered in no other form. In the general excellence of the chapter, it seems, one of the most valuable, if not the most valuable agent we have is scarcely mentioned. We refer to the galvano-cantery, the use of which is far wider than simply for the removal of morbid growths. The author's classification of throat diseases, while on the whole good, is too diffuse to be exact. In the chapter on the tonsil, a not unfamiliar but curious fact is noticed in the sympathy which exists between the tonsil and the ovary. As a text book this work is a good one, and meets a want felt by the general student who, lacking time for the perusal of exhaustive work, nevertheless needs plain, practical teaching in a concise and readable form.

### THE ARMY.

**OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from July 29, 1882, to August 12, 1882.**

Munn, C. E., Capt. and Asst. Surgeon. Granted leave of absence for one month, with permission to apply for two months' extension, when relieved by A. A. Surgeon T. H. Pleasants. S. O. 147, Dept. of the Missouri. July 28, 1882.

Shufeldt, R. W., Capt. and Asst. Surgeon. The leave of absence granted him in S. O. 92, April 21, 1882, from A. G. O., is extended one month. S. O. 178, A. G. O. August 2, 1882.

Hodkins, W. E., 1st Lieut. and Asst. Surgeon. To proceed from Ft. Adams, R. I., to Camp Washington, Gaithesburg, Md., and report to the Commanding Officer for duty. S. O. 132, Dept. of the East July 31, 1882.

O'Donoghue, F., Captain and Medical Storekeeper, died at New York City, June 29, 1882.

Girard, J. B., Capt. and Asst. Surgeon. Relieved from duty at Fort Grant, A. T., and assigned to duty at Fort Lowell, A. T. S. O. 106, Dept. of Arizona, July 3, 1882.

Elbery, F. W., Capt. and Asst. Surgeon. Granted leave of absence for six months on Surgeon's certificate of disability. S. O. 168, A. G. O., July 21, 1882.

Byrne, C. B., Capt. and Asst. Surgeon (Fort Baccancas, Fla.) Granted leave of absence for one month, with permission to leave the Department and to apply for an extension of two months. S. O. 68, Dept. of the South, July 12, 1882.

Raymond, H. I., First Lieut. and Asst. Surgeon. To proceed at once, with necessary attendants from Whipple Barracks, via Fort Verde, to the scene of recent engagements with hostile Indians, near General's Spring, and bring in the wounded to Fort Verde, and remain in charge of Post Hospital there until further orders. S. O. 112, Dept. of Arizona, July 19, 1882.

Hopkins, Wm. E., First Lieut. and Asst. Surgeon (recently appointed). To report by letter to the commanding General Department of the East for assignment to temporary duty. S. O. 164, C. O., A. G. N.

Barrows, Charles C., First Lieut. and Asst. Surgeon (recently appointed). To report in person to commanding general Department Arizona for assignment to duty. S. O. 164, C. S., A. G. O.

Munday, Benjamin, First Lieut. and Asst. Surgeon (recently appointed). Assigned to temporary duty at Willet's Point, N. Y. S. O. 164, C. S., A. G. O.

Wilson, George F., First Lieut. and Asst. Surgeon (recently appointed). To report in person to the commanding general Dept. of the Columbia for assignment to duty. S. O. 164, C. S., A. G. O.



Owen Jr., William O., First Lieut. and Asst. Surgeon (recently appointed). To report in person to the commanding General Department of the Columbia for assignment to duty. S. O. 164, C. S., A. G. O.

Egan, Peter R., First Lieut. and Asst. Surgeon (recently appointed). Assigned to temporary duty at the recruiting depot, David's Island, N. Y. S. O. 164, C. S., A. G. O.

Wakeman, William J., First Lieut. and Asst. Surgeon (recently appointed). Assigned to temporary duty at Columbus Barracks, Ohio. S. O. 164, C. S., A. G. O.

Everts, Edward, First Lieut. and Asst. Surgeon (recently appointed). To report in person to commanding general Department of the Columbia, October 1, 1882, for assignment to duty. S. O. 164, C. S., A. G. O.

Carvallo, Charles, Capt. and Asst. Surgeon. Died near Boston, Mass., on July 23, 1882.

#### PROMOTIONS.

Colonel Charles H. Crane, Assistant Surgeon General, promoted Surgeon General, with the rank of Brigadier General, to date from July 3, 1882, vice Barnes, retired.

Lieutenant Colonel Charles C. Keeney, Surgeon, to be Surgeon with the rank of Colonel, June 30, 1882, vice Cuyler, retired.

Lieutenant Colonel John F. Head, Surgeon, to be Surgeon with the rank of Colonel, June 30, 1882, vice King, retired.

Major Joseph B. Brown, Surgeon, to be Surgeon with the rank of Lieutenant Colonel, June 30, 1882, vice Simons, retired.

Major David L. Magruder, Surgeon, to be Surgeon with the rank of Lieutenant Colonel, June 30, 1882, vice Keeney, promoted.

Major Charles Page Surgeon, to be Surgeon with the rank of Lieutenant Colonel, June 30, 1882, vice Head, promoted.

Captain John Brooks, Assistant Surgeon, to be Surgeon with the rank of Major, March 2, 1882, vice Frantz, deceased.

Captain Wm. H. Gardner, Assistant Surgeon, to be Surgeon with the rank of Major, June 23, 1882, vice Notson, deceased.

Captain Charles Smart, Assistant Surgeon, to be Surgeon with the rank of Major, June 30, 1882, vice Brown, promoted.

Captain Wm. S. Tremaine, Assistant Surgeon, to be Surgeon with the rank of Major, June 30, 1882, vice Magruder, promoted.

Captain Morse K. Taylor, Assistant Surgeon, to be Surgeon with the rank of Major, June 30, 1882, vice Page, promoted.

Hartsuff, Albert, Major Surgeon. Having reported at these headquarters on 3d instant, surrendering unexpired portion of his leave of absence, will proceed to Fort Union, N. M., and report to the Commanding Officer for duty. S. O. 153, Dept. of the Missouri. Aug. 4, 1882.

#### BOOKS AND HAMPHLETS.

The Twenty Fourth Annual Announcement of the Chicago Medical College, Medical Department of the Northwestern University, Session of 1882-3.

Michigan College of Medicine. Announcement for session of 1882-3. Regular Session commences on the first Tuesday in September, 1882, and will continue six months.

Fourth Annual Announcement of the Central College of Physicians and Surgeons, Indianapolis, Indiana, Session 1882-3.

Tenth Annual Announcement of the American Medical College of St. Louis Third Session commencing September 4, 1882.

Forty-Sixth Annual Announcement of the Medical Department of the University of Louisville, 1882-3.

First Annual Announcement of the College of Physicians and Surgeons of Chicago. Session 1882-83.

Ambrose L. Ranney, A. M., M. D., New York. Practical Medical Anatomy. A guide to the physician in the study of the relation of the viscera to each other in health and disease, and in the diagnosis of the medical and surgical condition of the anatomical structure of the head and trunk. William Wood & Co., New York, 1882.

Charles D. F. Phillips, M. D., London. Materia Medica and Therapeutics. Inorganic Substances. Vols. I. II. Edited and adapted to the U. S. Pharmacopoeia by Lawrence Johnson, M. D., New York, New York, William Wood & Co., 1882.

Otis Frederick Manson, M. D., Virginia. A treatise on the physiological and therapeutic action of the sulphate of quinine. Philadelphia, J. B. Lippincott & Co., 1882, Jansen, McClurg & Co., Chicago.

Edward W. Jenks M. D., Chicago. The Practice of Gynecology in Ancient Times. Reprinted from Volume VI, Gynecological Transactions, 1882.

Alex. W. Stein, M. D., New York. A study of the rupture of the bladder with some experiments bearing upon the closure of the vesical wound. Reprinted from the Annals of Anatomy and Surgery July and August, 1882. New York, Gustav E. Stechert, 1882.

Transactions of the Michigan State Medical Society for 1882. No. I, Vol. VIII. Lansing, W. S. George & Co., 1882.

L. Duncan Bulkley, M. D., New York. The Skia in Health and Disease, with Treatment Classification and Notes on Diet and Hygiene. Philadelphia, Presley Blakiston, 1881.

E. W. Sawyer, M. D., Chicago. Mania Lactea, with the report of two cases re-printed from Vol. VI. Gynecological Transactions, 1882.

Thirteenth Annual Announcement and Catalogue of the Woman's Medical College of Chicago, session of 1882-83.

H. W. S. Cleveland, Chicago. The Culture and Management of our Native Forests for Development as Timber or Ornamental Wood. 1882. H. W. Rokker, Springfield.



# Chicago Medical Review

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\$2.00 A YEAR.

TO COUNT A RAPID PULSE.—Dr. A. W. Abbott in the Medical Record gives a ready means for counting an exceptionally rapid pulse. He states that in 1870 while experimenting upon the action of alcohol on birds, he found himself unable to count the rate of the heart's action by the usual method when the contractions were over two hundred and forty per minute. (The heart's action is very distinct in birds). By the following simple method he was able to count two hundred and eighty without any difficulty: During a definite part of a minute, one-fourth usually, with a common leadpencil, dots were made upon a sheet of paper synchronous with the heart beats, as heard over the cardiac region. The dots were then counted, and the number calculated for the whole minute. A pulse of four hundred could be taken in this way, provided each pulsation were distinct enough to be discriminated by the touch. The indistinctness of the separate pulsations of the heart alone fixes the limit to the use of this method, as the human hand is capable of making intelligently and with accuracy at the rate of four hundred and fifty dots per minute for thirty seconds, which rate is probably beyond not only that of the human heart, but also of the pulse of any of the lower animals available for experiments. The doctor claims sufficient experience with

this method to know that it is of practical value, especially with children. He has been astonished at the actual rapidity of the heart's action, in a few cases which he should have considered as beyond counting by any other method. All who have used the sphygmograph know how difficult it is to get a tracing when the heart is beating to one hundred and forty even, so that this instrument, to say nothing of the fact of the expense and inconvenience, is not nearly so well adapted to the taking of a very high pulse as even the simple finger and watch method. By the method described above, all movements, whether of the body or not, that can be seen, or heard, can be counted up to four or five hundred per minute, provided they are sufficiently distinct to be discriminated. Fortunately, the appliances are always at hand, and their use is so simple and at the same time so accurate, that it need never be said that a pulse is too rapid for counting.

PHENIC ACID.—Mr. Lecaille, of Rio Janeiro, following out the doctrine of ferments, has been treating yellow fever with phenic acid. In twelve cases under his care, success was complete. In one instance the "black vomit," etc., had set in, and the patient was almost moribund. Lecaille saw him at this time, i. e. the

fifth day. Phenic acid was injected hypodermically, syrup of the phenate of ammonium was given per os, and sulpho-phenic acid per rectum. This was done at intervals of two hours. On the third day of the treatment the patient was pronounced cured. A second patient was in the cosmic stage of the parasite. Ten hypodermics together with rectal injections of sulpho-phenic and glyco-phenic were made, with the result of bringing about a cure on the seventh day.

Bearing directly on the same subject Dr. Aymerick in the Medical Press and Circular recommends, in the treatment of whooping cough the employment of phenic acid with bromide of potassium: bromide of potassium, one drachm; phenic acid three to four grains; syrup lemons, q. s.; vehicle, six ounces. A large or a small spoonful, according to the age of the patient, every two hours. He has never seen any accident to follow from the antiseptic method.

#### SOME EXPERT TESTIMONY IN ENGLAND.

—Dr. John Ringwood, in the British Medical Journal, gives an account of a man suffering from Menière's disease. The patient, of course, was subject to attacks of giddiness, with some loss of coördination in his gait. The man was arrested for drunkenness and fined in spite of the physician.

VACCINATION IN THE SOUTH.—Amusing accounts come to us from Atlanta, Georgia, of the vaccination and revaccination of its inhabitants. An energetic effort was made by the City Fathers, as soon as the epidemic appeared, to stamp it out by compulsory vaccination. After various plans and failures they adopted the procedure of sending the agents of vaccination two by two, a vaccinator with lancet and lymph, and a policeman with baton and blanks for summons. As in other cases, ignorance and superstition were the lions in the way, and the greatest opposition came from the

many quacks and charlatans. The following are the main conclusions reached in this epidemic: I. The best protection against small-pox is prompt and thorough vaccination. II. To this end, a compulsory act is necessary. III. Permanent arrangement should be made for vaccination. IV. Bovine and humanized lymph can be preserved active for years in hermetically sealed tubes. V. Well preserved bovine lymph is good and is often the only resort. VI. The most successful and protective process of vaccination is one large checked scarification made with a lancet over an area the size of a nickle, down to the oozing blood of the cutis vera. The blood and lymph should be allowed to dry on the scarification. VII. Among the thousands vaccinated in the city, there is not a single authenticated instance of death, or loss of an arm from the operation. VIII. Of the thousands of public school children, many of them greatly exposed to the contagion, not one suffered an attack of variola in any form.

ORGANIC MATTER IN THE AIR.—Prof. Remsen determines organic matter in the air by the following process. The air is drawn by means of an aspirator through a tube filled with coarse pumice moistened with water. After about one hundred litres have been passed through, the pumice is well washed and the wash water treated for free and albuminoid ammonia by the well known Wanklyn process. In cases of supposed air pollution this process would doubtless afford the sanitarian valuable data respecting the actual state of the atmosphere. To make this data of the highest value however many determinations of the organic matter in so called pure air should be made.

Another method proposed by Smee is the following. A glass funnel, drawn out to a point and closed at the bottom is filled with ice. The dew which condenses from the air on the outside of funnel, runs down the sides and is collected in a capsule.



The ammonia and albuminoid bodies in the condensed water are determined as in Revensen's process. By this cold condensation the odor of flowers, etc., is easily concentrated. The microbia or parts thereof thrown off from the body in disease can also be collected in this way. With the aid of the microscope much may be learned of the germs of disease by employing this method of condensation.

**TUMORS OF THE CORD.**—Willard Parker, in the Medical Gazette, gives five cases of tumor of the spermatic cord. In the first case the tumor was situated in the left side of the scrotum, and it was at once supposed that the testicle was involved. The size of the tumor was about that of a gallon keg, the skin being freely movable over it. It was readily enucleated and found to weigh fourteen pounds and ten ounces. The testicle was found below it a little softer and smaller than normal. The growth returned in loco, but after the second removal, the patient remained in good health until the advanced age of eighty-six. The other four cases presented similar features, and in all of them but one, there was neither recurrence nor metastasis. While these growths did not return, it must not necessarily be inferred that they were benign; still, the absence of secondary growth conjoined with freedom of the lymphatics from contamination would incline one to the opinion that the neoplasms were innocent. Dr. Willard would have no hesitation in giving an extremely favorable prognosis in similar cases.

IN the column of our Original Contributions will be found an interesting article on Phenic Acid. We would call attention to the care to be observed in the administration of the drug, and the fact that the treatment requires the constant attention of the physician himself. The danger in the use of the drug is well stated, but it is erring on the safe side to repeat it.

**FINE POINTS.**—It is a matter of interest and curiosity to know to what extent the credulity of some people will extend. There is something so highly attractive, so appealing to our sympathies in lofty exhibitions of faith. The following exquisite illustration will appeal directly to all. Dr. Kennedy in the Pharmacist and Chemist gives some of the mathematics of Homœopathy. If two drops of a mixture of equal parts of alcohol and the recent juice of a medicinal plant be diluted with ninety-eight drops of alcohol in a vial capable of containing one hundred and thirty drops, for the convenience of shaking, and the whole be twice shaken together, the medicine becomes exalted in energy to the first development of power or as it may be denominated, the first potency. This same process is carried on through various dilutions until, to get a mathematical representation of the quantity of medicine in the thirtieth dilution it is necessary to take a unit and sixty ciphers for a denominator and a unit for a numerator; or, expressed decimally: .0000000000, 0000000000, 0000000000, 0000-000000, 00000000001.

The sixth dilution is, to use an Irish bull, the conservative ground of the "low dilutionists"; but the high dilutionist looks down with unutterable contempt upon the barbarian homœopath who habitually administers such powerful (weak?) solutions to the human system. Perhaps a better idea of the status of this dilution may be gained from the statement of the fact that if the original drop of the juice of the medicinal plant was put into a body of water twenty feet deep and five hundred feet in circumference, the same mathematical proportions would hold as in the sixth vial, or dilution. For the ninth dilution it would require a body of water forty feet deep and 70 miles in circumference. A further idea of the wonderful increasing proportions and vastness of the quantity of water necessary to make the twelfth dilution is gained by the read-

ily computed fact that it takes a million of bodies of water like the ninth dilution. We are familiar, in one sense, with the earth as an oblate spheroid eight thousand miles in diameter; now imagine sixty-one such bodies placed in a row, stretching through four hundred and eighty thousand miles; if these immense bodies were all water they would all be required for the fifteenth dilution of the single drop of juice. If the mathematically curious choose to go further with it, they will soon find that they have exhausted sun, moon, and stars, and so far as we know, all the intervening space.

**PECULIARITIES OF TUBERCULOSIS.**—In the Medical and Surgical Reporter Dr. F. W. Vogel explains some of the peculiarities of tuberculosis by the parasitic nature of this disease. Since the careful and extensive researches of Robert Koch have beyond doubt established the parasitic nature of tuberculosis, a good many phenomena of this terrible disease hitherto unexplained, have become easy to understand. Tuberculosis, according to Koch, depends upon the presence in the body of rod-like bacteria, which are found in every case of phthisis, acute miliary tuberculosis, cheesy pneumonia of cattle, and sometimes in scrofulous affections, especially enlarged lymph nodes. This slender bacillus, pointed at both ends, the length of which varies from one-quarter to one-half the diameter of a red blood corpuscle, is about five times as long as thick, and often shows four to five oval spores evenly distributed over its entire length. This bacillus, which absorbs methylene-blue but rejects brown aniline dyes, thus differing from all other bacteria known, is a true parasite of the animal body, flourishing only at temperatures furnished by its living abode, and becomes totally inactive at the ordinary temperature of our climate. Fortunately for mankind it multiplies very slowly, requiring nearly a week to proliferate much under the most favor-

able circumstances, so that it has no footing upon wounds of the outer surface, like other quickly developing organisms, but is washed away by the secretions before it has had chance to multiply. Even in the sheltered air-passages, where it generally makes its first appearance, unless finding its soil prepared by previous inflammatory processes, loss of epithelium, etc., it seems entirely innocuous, being readily removed with the secretions before it has had time to take root. When it once has a firm footing, its local extension is still slow, because the bacillus has no movement of its own, and in order to reach the other parts, it must be carried thither by the lymphoid cells. If, however, the bacilli reach the lymph channels, they are carried greater distances, successively infecting the whole track of a lymph vessel, until stored up in the filter of the nearest lymph node. The matter becomes very serious when numbers of them reach the blood currents in the veins when they become disseminated through numerous internal organs, and acute miliary tuberculosis will be the result. The anatomy of a tubercle is easily explained now also; a bacillus settles in a tissue, irritates and causes a small cell infiltration around it; those cells nearest the parasite grow up to fibroblasts (epithelioid cells) which closely pressing upon each other, coalesce and form the giant cell, so often found in the centre of miliary tubercles, harboring one or several bacilli. This giant cell is again surrounded by embryonic cells, some of which are growing up into epithelioid cells. Since no blood vessels form, the centre of the tubercle undergoes fatty degeneration as soon as the growth spreading in the periphery has become extensive enough to take up all the nutriment supplied by the nearest vessels. A number of bacilli appear to die within the cells, which gradually shrink up into a cheesy mass, but others are taken up with particles of detritus by lymphoid cells and are transported into the immediate vicinity



where they begin slowly to proliferate again, giving rise to a fresh tubercle when the process is repeated over again adding to the central destruction as well as to the peripheral proliferation.

As may be inferred from this, the bacilli are found in greatest numbers where the process is in the act of spreading; where the latter is stationary they are difficult to find. How do the bacilli enter the system? Koch found that sputa of phthisical patients always contained bacilli; in fact, that the grumous masses so generally present in all vomicae entirely consisted of agglomerations of these parasites. The drying of a sputum does not rob the bacillus of its life; sputa dried for eight weeks, and injected into guinea pigs, produced acute miliary tuberculosis in every instance. The dry sputum upon the floor is ground into dust, the bacilli adhering to some particle of the latter enter the lungs with the air we breathe and are arrested upon some prominent spot of the mucous membrane which lies opposite the air-current, especially the ridges of the alveolar septa. But there are other channels. Pleuro-pneumonia of cattle being identical with tuberculosis, the bacillus may be introduced into our alimentary canal with the meat or milk of cattle suffering from this disease. There is one point which might be urged against the conclusiveness of Koch's observations. We mean the hereditary acquisition of consumption. Still, this can be explained very easily. Judging from analogy with syphilis, the twin brother of tuberculosis, direct transmission of the disease germ is possible, also that the disease may remain latent unless the germs are so numerous as to overwhelm the resistance of the vigorous functions of the young cells of childhood. Furthermore, numbers of them are easily stored away in some lymph-node, where they are kept from doing general mischief for a time. Again, we must keep in mind that in cases where direct transmission of the

disease-germ has not taken place, the direct contagiousness and infectiousness of the bacillus comes into free play, the children being obliged to inhale constantly the infected air of their home, or ingest the parasite with the mother's milk. The practical results obtained from Koch's valuable paper may be summed up as follows: All sputa from phthisical patients are to be disinfected immediately; also the clothing, bedding, etc., before used by other people. Phthisical mothers must not nurse their infants. Scrofulous, infiltrated glands ought to be excised. Meat and milk from cattle which have suffered from pleuropneumonia must not be allowed to enter our system. Antiseptic treatment, perseveringly and vigorously carried out, is the only rational treatment for consumption. Carbolic acid inhalations through the nasal respirator, local treatment of tubercular ulcers, fungus arthrites, etc., with iodoform, have already given great results, the latter remedy being preferable in places where the drug can remain undisturbed for a longer time.

**SINS OF HYGIENE.**—In the annual address, fifteenth session of the Medical Society of West Virginia, the President, Dr. James E. Reeves, makes the following statement: Besides deliterous influences intimately connected with the place and style of dwelling and the character of the water and food supply which equally affect her, country women suffer to a shocking extent. In those married, prolapsus uteri is a common weakness, produced by straining and fatiguing positions during labor and getting up too soon after child-birth. Such is the rivalry in some neighborhoods that she who can in the fewest number of days or hours quit her bed and go about household duties is looked upon as the smartest woman in the settlement. To remain in bed beyond the ninth day is regarded as proof of either weakly or lazy habits, and not to be tolerated upon any account.



**EXAMINATION OF SPERMATIC STAINS.—**

In the Boston Medical and Surgical Journal we find an abstract from a paper by Vogel, on the subject of Detecting Spermatozoa in Stains. The following method is recommended: The stain is softened with water, and in the moist condition is taken off with a knife, avoiding as much as possible the removal of any of the tissue on which it lies. A few small hairs are unimportant, however, as they are readily dissolved from the scrapings on the object-glass or slide with a drop of concentrated sulphuric acid. After two minutes one or two drops of tincture of iodine are added, the whole stirred carefully with a glass rod, and covered with a large cover-glass, which, if the dark brown mass be too opaque, may be pressed down a little, unless it be intended to transfer smaller portions to other slides. The spermatozoa are stained distinctly brown, and are visible under the microscope in their whole contour, but it is not possible to keep the staining in longer than twenty-four hours, unless the sulphuric acid be washed out, when the preparation is soon spoiled. Alcohol at once decolorizes the spermatozoa, showing the stain to be only superficial.

IN the Annals of Anatomy and Surgery Dr. George R. Fowler gives the history of a case of abscess of the liver. The patient was sixty-five years of age. She first complained of wandering pains and then of variations of temperature. A tumor soon appeared in the right hypocondriac region extending to the epigastrium. With due antiseptic precaution the cavity of the abdomen was opened. The visceral and parietal layers were found adherent and the abscess was opened at once. Twenty ounces of puss and debris escaped. The cavity was washed out, with a two and a half percent solution of carbolic acid and a drainage tube put in. In ten days the cavity was filled up, and the patient discharged with only a few small granulations to mark the site of the incision.

**UNILATERAL CEREBRAL TRAUMATISM WITH RECOVERY.**—An interesting and instructive case of the above is reported by W. A. Monroe, M. D., of Memphis, Missouri, in the St. Louis Medical and Surgical Journal. The patient, a little girl had fallen from a tree, a distance of ten feet, upon an old iron pot, one leg of which about two and one-fourth inches long and an inch in diameter at the base, had penetrated the skull. On examination she was almost pulseless, pupils widely dilated, respiration slow and imperfect, and the sensorium in a state of deep stupor. Near the superior margin of the frontal bone and in front of the anterior-sup. angle of the right parietal bone, was found an opening about an inch in diameter, (which was not probed). There was as yet only a slight protrusion of cerebral matter, but more or less was found in the matted hair around the wound. The hemorrhage had been comparatively slight. There was no spiculæ of bone on the surface, and it was concluded that the piece punched in had been carried and left embedded probably two inches in the cerebrum. The child was apparently moribund, and it was deemed wise not to interfere beyond a cold compress and warmth to the extremities. A few days after, much to his surprise, the patient had somewhat recovered from the shock, and was evidently better off. On examining the wound, a protrusion of brain substance was found as large as a hen's egg although there were no inflammatory symptom, nor indications of effusion within the brain to account for it. Beyond cold compresses before mentioned, no other treatment was instituted. By the the fourth day the hernia cerebri had entirely sloughed off. In the following week half a dozen pieces of bone were extracted from the wound. In two months the child was well. Five years have elapsed since the injury, and no mental peculiarities are evinced. The girl is bright, and suffers no inconvenience from the wound, except when over fatigued.



**BOVINE POST-MORTEM.**—From the British Medical Journal we learn that it has become customary in Bengal for cattle to be poisoned on account of real or imaginary affronts. At the suggestion of the surgeon general all surgeons hereafter will superintend the evisceration of the animal, a butcher during the work. Tableaux—Big umbrella, surgeon under it, coolies to fan him, butcher at work over a half or wholly putrid cow, thermometer 120° in the shade. Truly, the life of a medical man in Lower Bengal has not fallen upon pleasant places.

**PROFESSOR VOLKMAN**, in his address before the International Medical Congress, mentioned the following cases of heroic surgery recently and successfully performed: For a large enchondroma in the costal plura that occupied the left wall of the thorax, Professor Fischer removed a large piece of the chest wall and ribs so that the heart and lungs were exposed, and an opening as large as a child's head was made. Patient discharged from hospital after four weeks. In the case of an echinococcus of the liver, which in front and at the side was covered with thick layers of liver tissue, and which projected into the thoracic cavity, after resection of the seventh rib, he opened the healthy pleural cavity, which was free from adhesions. The thorax was freely opened, the diaphragm cut into, the echinococcus sac opened, the annular bladder extracted in toto, and the patient recovered without complication. Mr. Hahn, of Berlin, in two cases of wandering kidney, where the mobility and discomfort induced thereby had attained an unusually high degree, drew out the organ in question through a large wound in the loin, and sewed it into the same. Both patients recovered and lost their pain. More than two hundred times, he alone, without in one instance bad results following, had incised, drained and washed out diseased knee joints without exciting suppuration.

**RECTAL EXAMINATION FOR HIP DISEASE.**—Dr. H. Cazin, Rev. de Chir, March, 1882, refers to the difficulty of diagnosing the exact seat of the disease, especially with regard to the acetabulum. This difficulty is of so much importance when the question of resection has to be considered, and is one of the strongest points of argument advanced by the opponents of resection. The author made researches in ninety-eight cases of hip-joint disease, sixty-four being suppurative, and thirty-four non-suppurative. Hitherto, only incomplete evidence has been obtained by depending upon the seat of the pain, the seat of the abscesses and fistulæ, and by exploration with the sound. Abdominal palpation enables us to detect enlarged iliac glands or pelvic abscesses; but if we also examine the patient through the rectum, the diagnosis will be much more sure. The hip-joint from its deep position in the tissues, is not very accessible to ordinary methods of examination, but the finger can approach it most easily through the rectum. In the cavity of the pelvis immediately above, and a little behind the obturator foramen, is a quadrilateral surface of bone corresponding with the bottom of the acetabulum. In a child under fourteen years of age, this part of the pelvis is partly cartilaginous. The Y-shaped cartilage is so situated that the area of the base of the acetabulum is divided by a transverse line of cartilage into two equal parts, and the lower half is again divided by the horizontal line of cartilage. In examining a patient, the natural extent of the cartilage should be considered, and the two sides should be explored for the sake of comparison. This mode of examination has afforded appreciable results in forty-nine of ninety-eight cases which Dr. Cazin has had under observation. Of the sixty-four cases of suppurative hip-joint disease, positive results were obtained in thirty-seven. Of the thirty-four non-suppurative cases, in twelve only was the examination per rectum diagnostic. The ages of the patients were be-



tween three and eighteen years, and the majority were between eight and ten years; forty-one were boys, and twenty-three girls. Examination per rectum disclosed an alteration in the pelvis in thirty-six of the cases. Sex has no importance with regard to the facility of examination. Among the elder girls the presence of the uterus has caused very slight trouble, and the position on the knees has facilitated the examination. In young adult females, recourse should be had at the same time or exclusively, to examination per vaginam. The results of Dr. Cazin's examinations have been verified six times by resection, four times by necropsy, and twice by resection and necropsy combined. The symptoms elucidated by a rectal examination have been pain localized to the post-cotyloid surface, produced by pressure, enlargement of the intra-pelvic glands; thickening of the bone; depression, flexibility, mobility, destruction, or perforation of the postcotyloidean surface; congestion of the soft parts; and pelvic abscesses. Pain upon pressure is the least certain of these symptoms. If the bone be penetrated, and the head of the femur be felt by the finger, a doubt in diagnosis may be removed if upon movement of the thigh the head of the femur is felt by the finger (per rectum) to move. Many cases are recorded. One was the case of a girl thirteen years old, in whom there were some symptoms of hip-joint disease, but it was thought by one of Dr. Cazin's colleagues that contraction of the muscles was the only affection. Under chloroform the deformity disappeared, and the joint became freely movable, and it was only by a rectal examination, which disclosed a postcotyloidean swelling, that Dr. Cazin was convinced that particular disease existed. In conclusion, Dr. Cazin urges the adoption of this means of diagnosis, in addition to other methods, especially in reference to the subject of excision of the joint. He also maintains that redressment force should never be attempted until an examination per rec-

tum has been made. The only other surgeons who, Dr. Cazin states, have referred to this method of diagnosis in hip-joint disease are Mr. Holmes in his work on *Surgical Diseases of Childhood*, and M. M. Mathien and Strauss, who have quoted Mr. Barwell.

At the second regular meeting of the Southwestern Wisconsin Medical Association, Dr. W. P. Stair read a paper on a case of supposed inflammation of the sub-maxillary gland. The patient presented the following appearance: The left sub-maxillary gland was markedly enlarged, protruding externally and encroaching inward upon the tongue, pressing it upward and forward. The greatest difficulty was experienced by the patient in every effort at deglutition. His anxiety was extreme. In spite of all treatment the patient grew steadily worse. The swelling settled down to the side of the larynx impinging upon the glottis, causing cough and dyspnoea. The skin was blue and covered with a profuse perspiration. The patient was exhausted from want of sleep. Small quantities of pus were expectorated. The patient was given a solution of potass. chlorat, and tinctura ferri chlorid diluted. During the administration of the above, the patient was seized with violent coughing spells, grew livid in the face, had a hemorrhage from the mouth and died in a moment. The patient did not lose more than two ounces of blood. No autopsy was allowed.

**HOT WATER FOR HEMORRHOIDS.**—For the relief and even cure of this troublesome complaint, Dr. Powell, in the *Medical Record*, August 12, calls attention to the use of hot water. Without denying the value of and need of other local and constitutional treatment, he claims as much value from hot water injections in the above disease as the gynæcologists do in vaginal and uterine diseases. The treatment is worthy of trial at least before surgical interference.



**TREATMENT OF STRICTURE BY ELECTROLYSIS.**—Dr. Robert Newman in the *Medical Record* for August 12th and 19th, gives an extended account of the treatment of stricture by electrolysis. The mode of procedure is as follows: The bougie is covered with an insulating substance excepting the end, which is to be the negative electrode. The positive electrode is placed on some indifferent spot. The current need not, and should not, be too strong. Six to eight cells are ample. The *séance* need not exceed ten or fifteen minutes. No force should be used, the bougie being simply applied to the stricture, which will slowly yield to the electric influences. The doctor claims greater permanency from this treatment than from dilatation by a series of steel bougies, with which the connective tissue is only stretched.

**RUPTURE OF PULMONARY ARTERY.**—Dr. S. B. Stridger reports a case of ruptured pulmonary artery, which occurred while the patient was engaged in his ordinary work. The man had been subject to repeated attacks of rheumatism; family history good. Death was almost instantaneous. Post mortem examination disclosed a rupture in the pulmonary artery about three lines in length, just below its bifurcation and within the pericardial sac. There were atheromatous deposits in the other vessels. At no time during the life of the patient was there pain, palpitation, dyspnoea, or any other symptom to attract the attention of himself or his physician to the fact there was organic heart disease.

**PARACENTESIS CRANII IN HYDROCEPHALUS.**—In the *Lancet* Dr. Hugh P. Dunn recommends paracentesis in cases of hydrocephalus, believing that when the operation is properly performed it is not dangerous, but on the contrary is productive of much good. A small aspirator of about half an ounce capacity, furnished with a double cock arrangement, is the instrument he uses. The operator marks a point

in the situation of the coronal suture about an inch from the longitudinal sinus, and holding the needle firmly in his right hand, thrusts it into the cranium with its point slightly inclined inward. It is a good plan first to thoroughly cleanse the needle in a solution of carbolic acid. The needle having entered the cranium, the piston of the aspirator should be slowly withdrawn, and pauses of a few seconds now and again allowed to elapse, in a manner similar to the application of the *écraseur*. The position of the needle may be altered from time to time, according as the tension on the piston shows that the fluid has been diminished. After about half an ounce of fluid has been abstracted, compression of the cranium should be secured. The best way to do this is to use a piece of india-rubber tubing, corresponding in diameter to a quarter inch gas pipe. The tube, around which some lint may be wrapped or sewed, should be made to encircle the cranium twice on a level with the occipital protuberance behind and the centre of the forehead in front. As the fluid is gradually withdrawn, the tube is, from time to time, readjusted and tightened. When the operation is completed, the punctured spot is covered with a piece of dry lint, and attention directed to compression of the cranium, which can be accomplished by fixing the tube in situ, or a capeline bandage of flannel carefully applied. To sum up, paracentesis cranii is indicated in all cases of acute and chronic hydrocephalus, in which, medicinal treatment having failed, the patient is clearly suffering from increase of the fluid and life is threatened. It is the only means by which life can be prolonged, even if, by its performance, the disease is not arrested. All the fluid which can be obtained should be withdrawn. The operation may have to be repeated, should a re-collection of the fluid be followed by a return of the symptoms which made its previous performance necessary. The risks attending the operation are almost nil if carefully performed.

**PYÆMIC PNEUMONIA AND PERITONITIS.**—In the *British Medical Journal*, Dr. H. Boyle Runnalls gives the history of a patient who died from pyæmic pneumonia and peritonitis, the result of retention of a piece of sponge in the vagina. The necropsy developed the following: Both lungs were found to be almost completely solid from congestion; numerous pyæmic abscesses were scattered through their substance. Both pleurae were adherent from recent deposit of lymph. (This latter fact was remarkable, as I believe it is rare to get any fibrinous formation in pyæmia.) The surface of the pericardium were covered with a fibrinous deposit, not adherent. The fluid in the pericardial sac was of a dirty white color, which, under the microscope, was found to result from the presence of cells much resembling pus. The heart was otherwise healthy. In the abdomen, the peritoneal surfaces were adherent from recent deposit of lymph, and much pus lay in the abdominal and pelvic cavities. Numerous small abscesses were scattered throughout the substance of the liver. The spleen was about three times its average normal size from congestion, but free from abscesses. The stomach, intestines, with the exception of the rectum, kidneys, capsules, and pancreas, appeared to be healthy. Both ovaries were congested. The pelvic cavity was full of a purulent fluid, tinged with blood. On removing the pelvic contents a recto-vaginal fistula was discovered, the indurated condition of its edges showing it to have existed for some time; the whole of the rectum was ulcerated. A large abscess, about the size of an ordinary orange, occupied the posterior cul-de-sac of the vagina, with an opening on its peritoneal surface. The entire vaginal canal and the neck of the uterus were in a state of ulceration. A piece of sponge, three and a half by two inches in size, lay in the upper part of the vagina and partly in the uterus, the os of which was much dilated. It was sodden with a dark offensive fluid. It was decided that the imme-

diately cause of death was the congested condition of the lungs, hastened by the peritonitis, and that the pyæmic abscesses in the liver and lungs resulted from the ulceration of the rectum, in the same way as hepatic abscess occur in dysentery. The peritonitis was evidently caused by the rupture of the vaginal abscess into the abdominal cavity.

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**DISINFECTION BY HOT AIR.**—Koch and Wolfhügel in experiments made to determine the disinfecting power of hot air were led to the following conclusions. 1. Bacteria are destroyed by being exposed to a temperature of a little over 100° C. for an hour and a half. 2. Spores of brewer's mould require for their destruction on exposure for the same time at 110°-115°. 3. Bacilli are killed only by three hours exposure at 140°. 4. The heat of hot air penetrates articles so slowly that in three or four hours heating at 140° C. of small objects, such as a bundle of clothes, etc., disinfection was not secured. 5. Five hours heating at 140° C. necessary to certain disinfection does serious injury to most articles.

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**EDISON'S ANÆSTHETIC.**—Thomas Alva Edison has invented (?) a new anæsthetic compound of a mixture of chloroform, ether, alcohol and camphor which he has protected by letters patent in England and Germany. He probably wishes to use the new compound on the stockholders until the electric light is in successful operation.

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THE following errata are to be corrected in Dr. Boerne Bettman's article on Improved Embedding Masses and a new sliding microtome. *REVIEW* of August 1. All figures referring to the thickness of the slides represent so many parts of a millimeter (equal to .03937 of an inch), not inch as stated. Prof. Thomas should read Thoma, Dr. Thiege, Dr. Ruge. In the middle of the first column on page 351, the word "raw" should read "rare".



**HYSTERIA.**—Dr. Goodell gives the following advice in the treatment of hysteria: When called to treat a young girl with a hysterical attack, there are three things which you had better do. Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. And this method of controlling the spasm will often act charmingly; take a good sized lump of and press it right down on the nape of the neck. This produces quiet by its powerful impression upon the whole nervous system.

W. H. HUGHES, M. D., in the Medical Bulletin, in an article entitled "Treatment of Phthisis," writes: While there has been advancement in the knowledge of the cause and symptoms of phthisis the treatment has not progressed sufficiently to enable us to control its terrible effects to any degree. Having a large number of applicants suffering from this malady he has adopted, after devoting considerable time and study to the various modes of treatment, a method which he has employed in practice and from which he has obtained valuable results. The agent he employs is petroleum mass. It acts as an anodyne alterative, and reduces the irritation and inflammation of the bronchi and trachea, relieves the cough and by its healing and soothing qualities prevents further destruction of the organ. When an abscess has formed a cicatrix may be secured which enables the lung to resist the deposits from becoming embedded in the tissues and prevents the formation of additional abscesses. Out of nearly one hundred cases Dr. Hughes has treated during the last thirteen months, there were but three whom this remedy would not relieve. Seven died, and their sufferings were

greatly relieved by the use of this remedy. The formula used is petroleum mass, one ounce, powdered cubebs and Dover's powder, each half an ounce; sulphate of cinchonidia, two drachms, make into pill mass. Divide into four grain pills; one every three or four hours. The following results are to be expected from its use: Diminished expectoration, alleviation of the cough, cessation of night sweats, disappearance of tightness and soreness of the chest, gradual restoration of appetite, digestion and strength. As no living thing can exist in petroleum oil, may not the favorable results of this remedy be due to its action on the microscopic parasite?

**DYSENTERY.**—In the Medical Gazette, Dr. J. M. Dacosta, gives a succinct account of the treatment of sub-acute and chronic dysentery. By sub-acute is meant that variety where the symptoms indicate that some activity in the dysenteric process is present. There are pain, tormina, and tenesmus, though less than in the acute; and, when the disease has lasted some time, it is probable that ulceration, though not necessarily extensive, has taken place. In such cases ipecacuanha must be resorted to, and probably the combination of bismuth, carbonate of soda, and quinine, the latter especially in malarial cases. When there is much pain on pressure and the thickened gut can be felt through the abdominal walls, counter irritation over the part is likely to be of value. Where there is much tenesmus, indicating rectal complication more than usually severe, opening injections and large enemata of warm water, are indicated, Dover's powder at night, and also injections of two grains to the ounce solutions of nitrate of silver. As the disease becomes more chronic in character as evinced by frequent evacuations, some straining and tenesmus, discharges mucous and occasionally tinged with blood, the internal use of twenty drop doses of oil of turpentine, guarded by small doses of tinctura opii every third or fourth hour, will

be of service. Indeed this is a remedy of great importance. Its power of stimulating vascular action, and of expediting the reparative process, is shown by its power of causing granulation in an indolent chronic ulcer, say on the leg, when it is given in doses of from fifteen to twenty minims, the surface becomes florid instead of dusky, red granulations form and cicatrization rapidly results. It probably acts in the same way upon the ulcerated bowel. All through the course of the disease the most rigid hygiene must be kept up.

The chronic form which follows the acute is apt to be more severe and more fatal than the other. Old tropical or Indian residents are liable to this disease, and while often living for years, yet living a most precarious life. They are also very apt to be troubled with hemorrhoids either internal or external which adds to the irritation. The least exposure to chill is apt to induce an acute intercurrent attack of the same trouble. The disordered digestion and the functional derangement of the liver and accompanying portal congestion render the subjects more or less chronic invalids.

THE OTHER SIDE OF THE QUESTION.—From the British Medical Journal we quote the statement of Dr. Herbert Davis regarding the contagiousness of consumption. He says, without denying for a moment the possibility or probability of the bacilli, when admitted into the body in active life, leading to the production, under certain conditions, of tubercle, I think that no great fear need be entertained of any one "catching" the complaint of a consumptive patient. This belief he deduces from the record kept by Virtue Edwards, who had been for seventeen years resident as medical officer at Brompton Hospital. He says: "Few, I think, will be disposed to include phthisis amongst infectious diseases." Dr. Edward's statement is abbreviated as follows: I remember personally fifty-nine resident medical

assistants, whose duration of office has averaged quite six months. To the best of my belief, all but two are living; and of the two dead, one fell a victim to aneurism, and the other to some cause unknown. Three now living are said to be consumptive. The present chaplain has held office for more than seventeen years, and his two predecessors are living. The matron has been resident for more than sixteen years; the former two matrons are living. Very many nurses have been in residence for periods varying from months to several years. The head nurses sleep each in a room containing fifty patients. Two head nurses only are known to have died; one from apoplexy; the other head nurse was here seven months, was unhappily married, and some time afterwards died of phthisis. Of the nurses now in residence, one has been here twenty-four years, two twelve years, one eight years, one seven years, one six and a half years, and one five years. No under nurse, as far as I am aware, has died of phthisis. All the physicians who have attended the in-and out patients, during the past seventeen years, are living, except two. One died from causes unconnected with disease of the lungs, and the other from disease unknown, after an absence of twelve years from the hospital. I am thankful to say that, after a residence of just seventeen years in this hospital, I am in good health.

BORIC ACID AS A PRESERVATIVE AND A MEDICINE.—The widespread use of boric acid as an antiseptic and preservative has awakened considerable inquiry as to its physiological effects on the system. Used medicinally it is exhibited in doses of a quarter of a gramme. This is about the quantity which would be taken in a glass of milk, and 20 grammes of butter which had been treated with this substance. There is serious danger therefore of overloading the system with boric acid if it should be used generally as a preservative in foods.



**FRACTURED CLAVICLE.** —Dr. W. H. Dewitt gives an account in the Cincinnati Lancet and Clinic, August 19th, of a case of a child whose clavicle was fractured, and which united without the knowledge of either the boy or his friends. His mother found the lump formed by the callous and drew attention to it. The bone united perfectly without any deformity. Dame nature in this case produced a cure as perfect as the skilled surgeon. Fortunately (for us at least) dame nature is not always so successful.

THE Australian Medical Gazette contains a paper on "Caisson Fever so called." The effects of compressed air, as well as the effects of changes of air pressure upon the human body have been well known to the scientific world for many years past, but it is to the causes of these accidents that the paper more particularly applies. M. Paul Bert in an article entitled "Experimental researches with regard to the effect which a change of barometric pressure exercises upon the phenomena of life," which was placed before the Academy of Science of Paris, draws attention to the great danger of a sudden transition from compressed air to the outer atmosphere. The accidents which have lately happened at Iron Cove were entirely due to the pressure within the air-lock having been too quickly reduced. The physiological explanation of the attacks to which these men were exposed is not a difficult one. We must first of all bear in mind that the blood of the body is, through the lungs, directly exposed to the atmospheric pressure of the air we are breathing, and that as the atmospheric pressure is increased so the blood will, in accordance with the well known law of physics, absorb an increasing quantity of atmospheric air. The blood of these men was exposed for something like four hours to a pressure of forty-five to fifty pounds, per square inch. Does it not follow then that their blood must have absorbed a very unusual amount of air?

This blood after an exposure of four hours to the gasses composing the atmospheric air, became charged with gas in solution. No doubt it would take some little time, before the blood would dissolve as much air as it was capable of doing. Still the blood after an exposure of four hours would have absorbed some air. The sudden release of pressure would have the same result as occurs when the pressure is taken off the water which is drawn from a gasogene, it would in fact become full of bubbles of air. The pressure in the air-lock at Iron Cove was never suddenly reduced from four atmospheres to one, but it was reduced too quickly to allow the blood to give up through the lungs the abnormal quantity of air it had dissolved in it. Nine out of ten men might work under a pressure of four atmospheres with perfect safety if the return to the lower pressure were made very slowly. At least a quarter of an hour should be occupied in the removal of the first atmosphere, the second might take ten minutes, and the third five. The reduction at first should be very slow indeed. Were the shifts of shorter duration, the pressure might be reduced more rapidly without any evil consequences.

**REPORT OF LABOR CASES.**—In the transactions of the Medical Society of West Virginia, Dr. W. H. Shaw gives his record of five hundred and eight cases of labor, from which we make the following abstract. Of this number three were twins; five hundred cases, presentation by the vertex; eight by the breech; two by face; one, transverse. In four hundred and fifty cases the head was either in the first or second position, in five the third or fourth position, in forty-five cases doubtful, the head being delivered before attendance. Average length of labor, eight and four-one hundredths hours. Postpartum hemorrhage occurred in nine cases. There were three cases of lacerated perineum.

NOTHING is worse than a vacillating physician, whom each notion, each wish of the patient, each suggestion of nurse or family affects. Blown hither and thither by every breath, incapable of taking a broad view of the case, his treatment soon becomes as irresolute as himself, and directions and bottles accumulate with bewildering rapidity. The fewer drugs that are used the better; the greater the decision with which drugs are used the better.

WATER charged with oxygen behaves alike on hæmoglobin and hæmotosin. Both of these bodies disengage the oxygen. Bechamp has shown that blood contains two elements capable of decomposing oxygenated water, viz: the microzymas and hæmoglobin.

AN out-of-town druggist entered one of Boston's apothecary stores and handed a clerk a simple recipe. One dollar and fifty cents, said the latter as he handed the medicine over. "Isn't that pretty steep?" asked the customer, adding, "I'm in the business myself, and known somewhat about the cost of these ingredients." "Oh! that alters the case" was the response; "seventeen cents please."

### LOCAL.

#### CHICAGO MEDICAL SOCIETY.

At the August seventh meeting of this society, Dr. R. N. Isham reported a case of rupture of the kidney. The patient had fallen a distance of four feet, striking upon his left side across a wooden horse. He was first seen about three hours after, and found suffering from profound shock bordering upon collapse. Upon inspection no signs of injury could be found. Percussion gave an area of dullness larger than normal in the right hypochondriac region. The urine presented the characteristic appearance of hæmaturia. Reaction took place in a few hours and the symptoms of hæmaturia disappeared. The case pro-

gressed favorably for five days, until convalescence was apparently fairly established. During this interval, there was but little pain, no febrile excitement, no disturbance of the stomach, and no signs of peritoneal injury. After previous over-exercise, the patient on the ninth day was seized with a violent paroxysm of pain after his morning passage. He again presented signs of collapse with incessant vomiting of a greenish fluid. Upon signs of rupture an examination was made, revealing a blood tumor. From this time the symptoms were those of a peritonitis, until the morning of the fifteenth day when the patient suddenly died. A diagnosis of laceration of the kidney having been made on the first visit, the doctor was of the opinion that a recurrence of the hemorrhage took place on the ninth day. At the autopsy the intestines were moderately distended by gas and discolored. After their removal, a large distended circumscribed collection of blood was discovered in the right lumbar region behind the peritoneum, while in the peritoneum there was from six to ten ounces of sero-purulent fluid. This blood was dark colored, coagulated, and contained several concentric layers of partially organized fibrinous clots, as is represented in aneurismal sacs. In this was found the remnants of the kidney, absolutely crushed into three parts, and two-thirds of it disintegrated. There were evidences of gangrene progressing in the peritoneum and subperitoneal tissues, extending to the pelvic cavity and over the bladder. The absence of frequent desire to urinate can only be explained in this case by the almost complete destruction of the gland, and isolation of it by the effused blood. Laceration of the kidney is a singularly fatal accident. Great importance should be attached to drainage, and, where the other kidney is sound, to removal of the injured gland. No operative measures were taken in this case because of the fecal odor of the vomited matter suggesting a contused,



strictured and gangrenous intestine. It is probable, however, that had the diseased gland been removed the patient might have recovered.

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#### COOK COUNTY HOSPITAL.

There are at present forty cases of typhoid fever on the medical side, nearly all of whom are doing well on the expectant plan of treatment.

Under recent rules one-fourth of all patients on the medical side, and one-fifth of the surgical cases are placed under the care of the homœopathic internes. The training school for nurses now has charge of four wards. Much regret is expressed on all sides at the departure of Miss Brown, the superintendent of the training school for nurses, who has returned to Bellevue Hospital, New York. Miss Hemple has succeeded her as head nurse. By the changes in the staff which take place October first, Dr. Hammon becomes house physician and Dr. Fordyce house surgeon. Warden Dixon, who has given such general satisfaction in the management of the affairs of the hospital during the past six months, has been reappointed.

The reported epidemic of erysipelas proves to be unfounded. There are only a few cases, and they are completely isolated.

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From the report of the Immigrant Inspection Service in the Illinois District for the past month, we notice some important facts: on the steamships Strasburg and Hermann out of a total of 750 emigrants only twenty-four were properly protected against small-pox. The Hermann at least is known to have been the means of introducing small-pox into five localities in Illinois during the past spring. In one case from the City of Brussels a man was found on a train nearing Chicago with a variolous eruption probably eighty hours old and a vaccination protection card in his pocket duly signed by the ship surgeon. But—what better can we expect when the

average ship surgeon receives a salary scarcely amounting to the wages of a good hod-carrier.

In Chicago, Ills., for the month of July 1882 the temperature has been lower than during the corresponding months for the past eight years. The average has been 68.6°.

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#### TRI-STATE MEDICAL SOCIETY.

The eight annual meeting of this society will take place at Terra Haute, Ind., on September 26, 27 and 28, 1882. Members of the profession who desire to take advantage of this meeting will please address Dr. J. E. Link, Chairman of the Committee of Arrangements, who will furnish full particulars. Members are requested to be present at first meeting to attend to regular business at once. Papers are limited to twenty-five minutes. Authors unavoidably absent will send their papers to the Secretary during the first day of the meeting. All physicians in attendance will, on arrival, apply for tickets of membership issued by the Secretary. Volunteer papers are solicited and arrangements will be made for their presentation.

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Dr. S. J. Jones has moved his office from 70 Monroe street to 240 Wabash avenue, over Whitfield's drug store.

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During 1881, in the city of Chicago, the total number of births was thirty-one thousand two hundred and ninety-one. Their parentage is of the following nationalities: American, British, North American, Irish, Scotch, German, Scandinavian, Australian, Polish, French, Dutch, Italian, Swiss, Austrian, etc.

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Dr. A. P. Gilmore has moved his office from 125 State street to Room 18, No. 70 Monroe street.

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The next meeting of the Chicago Medical Society will be held October second, at the Grand Pacific hotel.

## ORIGINAL CONTRIBUTIONS.

*THE ACTION OF PHENIC ACID IN  
TYPHOID FEVER AND RULES  
FOR ITS USE.\**

BY DR. RAMONET.

Physician in Chief at the Military Hospital of Boghar  
(Algerie).

It is to Desplats, professor in the faculty of Lille, that the honor of having discovered the antipyretic properties of phenic acid reverts and also of having been the first to apply it to the treatment of typhoid fever.

Before Desplats presented his first memoir before the Academy of Medicine, on the employment of phenic acid as an antiseptic agent, at the meeting of the Academy on September 8, 1880, and without having known of the experiments made at the hospital Sainte-Eugénie by the professor of Lille, we had treated since July 1880, all the cases of typhoid fever in our service exclusively by phenic acid, giving it internally at first and afterwards by injections of the same. This is clearly established by the college record.

Possessed of the idea that typhoid fever was an affection essentially septic, we have sought to oppose it by the antiseptic method and par excellence, by phenic acid; and we had already ten cases of dothenteria treated by this agent, and ten successes on the register when the first memoir of Desplats came into our hands. Ten fortunate results do not make a sufficiently important total for us to be able in a separate work to elevate phenic medication to the dignity of a new method. We therefore endeavored to have in hand a more considerable number of cases and we have to-day to accord to phenic acid treatment in typhoid fever the quota of forty-one personal observations favorable to this method.

After having determined in our own person the perfect harmlessness of two grammes of phenic acid in divided doses through the day, we administered it at our clinics to the typhoid patients. The drug was suspended in mucilage and the dose successively increased from fifty centigrammes to two grammes through the day. The objection of our patients to this mode of administration, compelled us to reject it and have recourse to the rectum, which

means furnished us with results at once more rapid and more certain. We noticed in our very first trial of it, the remarkable therapeutic effects of phenic acid in typhoid cases, and the description we offer of its effect will not differ materially from that which has been given by Desplats and his pupil, Van Oye. But it is upon the subject of the value of phenic acid treatment and its mode of action and the dose to be prescribed that we are at variance in opinion. It is not in accordance with our design to record minutely the observation which we have carefully collected; our intent is simply to sum up in a brief manner, the results which we have obtained in our hospital service, and to draw from our clinical results all those theoretical and practical points which flow therefrom. The typhoid patients who have been treated with phenic acid amount to forty-one, of which number eighteen were grave cases, seventeen of mild intensity, and six trifling. Of this number there were thirty-nine cures and two deaths, which gives a mortality of 4.9 per cent. It may not be without moment to say that these eighteen grave cases were all complicated by delirium, profound stupor and a febrile temperature of 40° to 41°. The treatment consisted of injections of phenic acid, a gramme of the acid in crystal to one hundred and fifty grammes of water at the temperature of the surrounding atmosphere. The dose was given twice a day in the benign cases, twice a day in the mild cases, and three times a day in the grave cases. We gave them at eleven o'clock in the morning, at four and at nine o'clock in the evening, that is always at the hour of natural remission. It was necessary, of course, for us to instruct the patients to hold the clyster as long as possible, and when needed we added five or six drops of laudanum to make it more readily tolerated. To the phenic acid treatment we add mouth washes of vinegar and tonics in full doses, giving chocolate, milk, broths, wine, alcohol, coffee, and the extract of quinquina, and subsequently more substantial nutriment as the febrile movement will permit.

THERAPEUTIC EFFECTS OF PHENIC ACID  
INJECTIONS.

Therapeutic effects of phenic acid injections are divided, according to our observations, into immediate and remote effects. I. The Immediate Effects begin to appear twelve to fifteen minutes

\*Translated for the MEDICAL REVIEW from the *Généralies de Médecine*, Mai, 1882.



after the administration of the injection. A flush spreads over the whole face neck and body. This cutaneous hyperæmia is rapidly followed by sweating partial or general, moderate or profuse. In a short time the fever abates and undergoes a depression of as much as  $2^{\circ}$ . The mouth and nares become moist, and the tongue, before dry and horny, becomes moist and soft. The cerebral symptoms, as headache, tinnitus aurium, deafness, agitation, delirium, stupor, momentarily grow less or cease altogether, the pulse and respiration are sensibly slowed. The patient is evidently in a much better condition at once, and usually does not hesitate to say so with considerable satisfaction. This respite lasts from one to three hours, then the scene changes. The skin is again discolored, the sweat arrested, the tongue dry again as also the nares; the cerebral symptoms reappear; the pulse and respiration are again accelerated, and the thermometer rapidly mounts to its original point, and at times even goes beyond. Desplats and Van Oye make mention of a violent chill which appears at the moment of re-ascension of the mercurial column. This chill, while not free from danger, on account of the violent muscular strain and the visceral congestions which it induces, nevertheless is fortunately a rare exception when one uses only moderate doses of phenic acid. For our part, we have not observed a single instance of this, not even in the slightest degree. We are inclined to believe that it is a possibility, and that to prevent it one should abstain from large doses. II. The More Distant Effects. From the third to the seventh day from the commencement of the phenic acid treatment, and in accordance with the gravity of the case, the cerebral symptoms definitely disappear; the brown, encrusted lips and teeth, the dry and burning nostril exist no longer; the eye becomes permanently humid. At the same time, the pulse and respiration approach more and more to the physiological limit. The febrile exacerbation is notably decreased, attaining scarcely to  $39^{\circ}$  in very grave cases. The fever loses its continued type and assumes more that of the intermittent variety by having an absolute morning remission. This apyrexia sembles almost that of collapse, although the lowest point which we have observed has not been below  $36^{\circ}2$ . The intermissions commence ordinarily about seven o'clock in the morn-

ing and terminate about midday, at which hour the fever is lighted afresh. There is no need of insisting upon the benefit that patients receive from this suspension of hostilities, nor that they are thus able to victoriously encounter the evening rise of temperature. After a few days of intermittence, as we have pointed out, defervescence commences, on the sixth to the twelfth or fifteenth day or a little later, according to the intensity of the malady, and the patient from that time forward is openly convalescing, preserving for some days a temperature as low as from  $36^{\circ}$  to  $37^{\circ}$ .

#### ACCIDENTS OF PHENIC ACID MEDICATION.

Accidents in the phenic acid treatment appear at the end of the treatment or during convalescence. They are, exaggerated lowering of temperature, congestion of the lungs, polyuria, albuminuria, and phenic cachexia. When the lowering of temperature, of which we have already spoken, does not exceed  $36^{\circ}$  it is harmless, but who will affirm that a drop of temperature to  $34^{\circ}$ , obtained by Desplats, is not provocative of serious peril to the organism? In over forty-one observations, we have noted ten cases of pulmonary congestion, five cases of polyuria, and four of albuminuria. Pulmonary congestion is the accident the most frequent and dangerous. The two deaths noted in our statistics happened unexpectedly in full convalescence, at a time when recovery seemed fully assured, and this complication came like a thunderbolt, as the first of them succumbed in an hour and the second in fifteen minutes. As to the polyuria and albuminuria, they constantly terminate in cure after a sufficient length of time. Without doubt, pulmonary congestion, polyuria and albuminuria are complications of typhoid fever to be dreaded, still their frequency is certainly diminished in a great measure by the employment of the phenic acid treatment. These complications are easily explained by the hyperæmia of the lungs and kidneys, caused by the reaction which succeeds the depression in temperature caused by the phenic acid, or by a topical irritant action upon either the trophic lesions, or by the repeated contact of the drug with the parenchyma of the lungs and kidneys. It is claimed that these last mentioned organs, i. e., lungs and kidneys, are the principal avenues of elimination for the absorbed phenol, and that the drug is found in the urine, coloring it an olive



brown. It is found in the proportion of 66 parts in the 100, according to Schaffer, and 55 parts in the 100 according to Auerbach. Lemaire has shown its exhalation from the pulmonary mucous membrane. There exists another accident of phenic medication, which is rare, and to which attention has not been drawn before this: We mean a cachexia, which we will call by the name of phenic cachexia. It commences luckily at a fortunate time, i. e., on the sixth or seventh day after the commencement of the treatment, and continues through the convalescence, which it renders long and tedious. It is characterized by extreme debility, waxy palor of the skin, and decolorized mucous membrane, a profound state of anæmia, and at same time leucocythæmia. We cannot ascribe this marked condition to the lower temperature, nor to the septic typhoid infection, for we have observed it in too many cases entirely benign. We ascribe it to the daily sweating caused by the injections of phenic acid, and above all to the destruction of the blood corpuscles by the absorbed phenol. In point of fact, upon an examination under the microscope of blood mixed with a phenic acid solution of 1-200, in a short time one sees the red globules to darken in color, to separate, and then to lose their coloring matter, and finally to rupture. The blood corpuscles, says Gubler, are affected by the presence of phenic acid in the above quantity. They contract, their outlines become darker, and their nuclei marked, and the whole corpuscle granular. As has been said, phenol is eliminated by the kidney. The dark olive or blackish color of the urine is due to the elimination of the coloring matter of the broken down red blood corpuscles which has been darkened by the acid. It is impossible to attribute this coloration to a reaction of the phenic acid upon the normal elements of the urine; for on addition of this drug to the normal urine there is no darkening of the color. C. Richter explains this darkened color by an action of the absorbed phenic acid upon the septic material which causes the fever. This is an hypothesis which does not stand the test of facts, for the brown color of urine, after the absorption of phenic acid, is produced in pyrexia, which are purely inflammatory and without the possibility of any septic influence.

#### MODE OF ACTION OF PHENIC ACID.

Can it be that following the example of

Desplats, Van Oyé, Claudot and Frantz Glinard we see in phenic acid applied to typhoid fever only a simple antipyretic or a means of lowering temperature? We think not. According to our opinion phenic acid attacks directly the poison generating or causing typhoid fever. Its action is more than simply anticalorific. It has an antiseptic, antizymotic action. We shall make the attempt to justify our opinion as best we can from our clinical observations and statistics. Phenic acid, some one says, does not act as a fermenticide in typhoid fever and other septic fevers since its refrigerant effects are produced just as surely in simple as in infectious pyrexia. As to phenol being a means of combating temperature in every febrile state of whatever nature or from whatever cause, we object; but we state most positively that it is a powerful agent acting as a specific against typhoid septicaemia in particular. We have employed injections of this drug in variola, rubeola, galloping consumption, pneumonia, meningitis and acute articular rheumatism. We have always obtained the known refrigerant effects, but have never obtained a cure of these maladies which have always followed without deviation their regular course. In typhoid fever, on the contrary, phenic acid gives us an action which we cannot but regard as curative. To be brief, in all those cases of typhoid fever which we have seen treated by injections of phenic acid alone the manifestations of disease have been rapidly modified as well as its course which has been deprived of its malignant symptoms. The patient tends towards a cure after a period relatively short if we compare it with the usual long duration of this complaint. After a few days of phenic treatment the typhoid symptoms are so favorably influenced that the patients are brought to the simple condition of sufferers from simple febricula, entirely losing the typhoid aspect. One can discount their cure from that time forward as a sure thing. Is there anything like this produced by it in other febrile affections? Our conviction is, therefore, that it acts as an antizymotic. As it is spread through the economy it produces local effects. It acts as a disinfectant upon the large intestines and the fecal contents which carry the typhoid germs. It therefore prevents the secondary infection of the patient. Desplats and his pupil Van Oyé have advanced the



opinion that phenic acid medication is without influence on the development and the progress of typhoid fever, and that it does not abridge the course. We cannot accept such conclusions, absolutely contrary as they are, to the results of our practice.

#### RULE FOR PHENIC MEDICATION.

In order to gain all the good possible from phenic acid, it is absolutely necessary to begin with it at the very commencement of the disease and to keep up large doses. We must not lose sight of the fact that the drug will be the more powerful against the typhoid infection the nearer we approach to the period of the birth of the disease. Furthermore, it is necessary to mention again the fact that this medicament needs to be used with prudence and that although large doses may be well born in the immediate present, they nevertheless exercise a very deleterious influence after a time. The mortality in the army from typhoid fever is, according to L. Collin, 21 per cent. Our statistics show a mortality of 4.9 per cent; those of Claudot 11.6 per cent, those of Desplats 19.4. If the statistics of Claudot and Desplats are inferior to ours, the cause must be sought for in the method of administration. Under our instruction the maximum dose never in any case exceeded four grammes a day, on account of the one gramme by injection. The dose of three grammes we have always found sufficient to conquer in all cases even the most grave. We would not hesitate to advance the dose to four grammes in cases that might be exceptionally rebellious. Desplats gives as much as twelve to fourteen grammes per diem. This is a dangerous procedure and exposes the patient to the danger of losing all the benefit of treatment. These immense doses favor the development of exceeding low temperatures, of phenic cachexia, and of visceral congestions. If perchance the patient escapes the malady he will run a great risk of succumbing to the treatment. There is no doubt in my mind that the unfavorable statistics of Desplats are due to the enormous doses which he used. As for Claudot we censure him less for the intemperance of his dosing, as he never exceeds six grammes in the day, than for the tardiness with which he commences the treatment. He does not commence to use the acid until the eleventh or twelfth day. This is entirely

too late in our opinion. There is no call to give the typhoid infection time to develop and perfect itself. There is every reason to commence giving phenic acid injections as soon as the first suspicion of typhoid fever appears.

We attach the greatest importance to the tonic treatment, that we may, so to speak, keep abreast of the phenic medication and in some measure to antidote its action. The object of this precaution is to prevent the phenic cachexia or at least to moderate its effects. We therefore consider this a fundamental indication never to be neglected without great danger to the patient. In the presence of the double menace, on the one hand typhoid fever, and on the other phenic cachexia, it is necessary that the vital forces of the patient be fostered with the greatest care in order that the disease and the medicine may both beresisted. Otherwise the patient succumbs to an extreme debility such as we have conclusive proof of outside of our practice, and sinks into a general feebleness, a condition which is particularly predisposing to visceral congestions and degenerations.

#### CONCLUSIONS.

From the clinical studies which we have made upon phenic acid medication, we draw the following conclusions: 1. Phenic acid does not act simply as an antipyretic in typhoid fever; it exerts a further influence on this affection at once antizymotic and curative. 2. The dose of phenic acid to be given in injections should never exceed four grammes per diem. Doses of twelve to fourteen grammes administered by Desplats, are enormous and harmful from the secondary effects. 3. Phenic medication is subject to secondary accidents, of which the most frequent and dangerous are pulmonary congestion and phenic cachexia. Convalescence is a period fraught with serious dangers to patients. They should be kept under the strictest surveillance.

4. Of all the known means of medication used in practice up to the present day, phenic acid treatment furnishes statistics of the most cures. We must here make a reserve in favor of cold baths, as those using them claim great advantages and even a quasi-infallibility. We have not had enough experience with the method of Brand to draw a comparison between it and phenic acid treatment.



5. Injections of phenic acid by their ease and simplicity in administration furnish the best treatment for typhoid fever in armies on campaign when cold baths cannot be administered.

6. Tonic treatment should always be associated with phenic acid treatment.

We cannot close this paper without the following remarks. Typhoid fever is one of the most deadly maladies both in the civil population and in the army. This being the case, the treatment of this redoubtable affection should engage the most earnest attention and study of the physician. After having sought out the best prophylactic measures to prevent the development of typhoid fever, he should endeavor to discover the best means to combat it when he has failed to prevent it. We have faith in the anti-typhoid action of injections of phenic acid; and if, as we have the firm conviction, our experience shall be repeated on the continent, phenic acid, after having been recognized by surgery, shall also be recognized by medicine.

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## CORRESPONDENCE.

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### *QUARANTINE EVASION—YELLOW FEVER—LOW TEMPERATURES—SWILL MILK—NEW COLLEGE.*

NEW YORK, August 30, 1882.

The possibility of a yellow fever epidemic is being very generally discussed. While there is no very good reason for suspecting that such an epidemic may occur in this city, still such things have been, but so long ago and at such lengthened intervals as to be almost forgotten by that very mythical individual, the oldest practitioner.

The discussion of this subject has led to some informal investigations, and these have had the result of revealing that certain vessels are able to evade quarantine inspection. That this should be the case is not very surprising when the political nature of the quarantine is taken into consideration. Seven coasting vessels from Cuba and other places where yellow fever is rife, have been able to totally evade quarantine. Two cases of yellow fever recently arrived on a schooner from Havana and were taken to the quarantine hospital in the Lower Bay, and the vessel

was fumigated and detained there for a day or two, and then permitted to go to Bedloe's Island.

No unusual precautions have been taken at quarantine to guard against yellow fever. The methods ordinarily resorted to in dealing with contagious diseases are thought to be sufficient. When yellow fever is discovered on an incoming vessel, it is detained in the Lower Bay, and overhauled and fumigated. Sometimes vessels are kept at quarantine, either in the Upper or Lower Bay for two or three weeks, till all traces of disease have disappeared. The patients are kept at the hospital till their recovery or death. The vessels usually evading quarantine are fruit vessels, just the ones which so often bring fevers.

Some time ago Dr. J. Blake White called the attention of the city's Board of Health to the fact that there were a number of swill-milk establishments on Long Island. The sanitary inspector of Hudson county, New Jersey, has recently reported that in that county there are several establishments where swill milk is sent to New York and sold as country milk. The cows are kept in a dirty and unhealthy condition, fed upon the vilest swill, given but little water, and kept without bedding. They are given enough hay to enable their owners to swear that such is the fact. As there are many conflicting authorities in Hudson county, these individuals have profited by the fact. There is a health department which is relatively well conducted. There is also a milk inspector who is a layman, a politician of the very lowest cast. The people engaged in this business are Russian Jews who are benevolently depopulating a country which has afforded them a refuge from oppression.

The question of low temperature assumes at times great importance from a medico-legal standpoint. The following case occurred in the service of Dr. William H. Draper at the New York Hospital, and has just been reported: A man aged forty-five was brought into the Hospital on the morning of January 23, 1882. He was found comatose and pulseless in a doorway. At six o'clock in the morning his pulse was two, respirations thirteen and his temperature eighty-seven Fahrenheit. He was in a condition of complete coma and could not be roused from this. He was thin and poorly nourished and both legs were œdematous. His feet were cold and blue. There was a



slight automatic movement of the left arm. There was no cardiac impulse or radial pulse detectable. The femoral gave a slight feeble pulse. The pupils did not respond to light. The conjunctivæ were still sensitive. The urine was dark colored and scant.

The patient was sponged with tepid water and placed in the hot bath with hot bottles to his feet. He was also given one ounce of brandy and one twenty-fourth of a grain of digitaline. At nine o'clock his respiration and pulse were better; at twelve o'clock his rectal temperature was 85° Fahrenheit; at one o'clock he could be somewhat roused, and the insertion of the hypodermic needle gave rise to pain. At two o'clock the temperature in the rectum was 93° Fahrenheit. There are instances on record of lower temperature than this in cases of collapse, and in certain cases of insanity nearly as low temperature has been reported without there having been any appearance of collapse. Dr. William H. Draper had never before seen such a low case of temperature from cold.

At three o'clock the patient was still in the hot air bath. He was so far restored as to be able to respond when spoken to, but relapsed into complete unconsciousness. The patient died. The same night on autopsy hepatic and renal disease were found.

The city and State are much excited about the supposed imprisonment of sane men. There are numerous cases just now before the courts, where victims of all forms of insanity from progressive paresis to intellectual insanity, find physicians who have never studied insanity and don't want to study it, to support their claim. The procedure at Washington, whereby a gynæcologist was turned by one hour's coaching into an alienist finds many followers in this city. The result will be many crimes against property and life. The sapient juries will, of course, declare all these lunatics sane. There is a patient at Utica who has recently applied to the courts for discharge. This man is a very similar case to the assassin of Garfield, and Dr. Gray is inconsistent in considering him an insane man from his standpoint, and should discharge him. No doubt let this man commit murder, Dr. Gray will change his opinion and consider him sane, as the doctor has done before with patients of his. They were insane till they committed murder, when

they immediately became sane. The new post graduate will, it appears, open with very good prospects. It is centrally located. Clinical opportunities will be abundant, and there is but little doubt that it will achieve a success. From the number and ability of the faculty the teaching of the individual, so much neglected in colleges, will here be accomplished. The institution, from which this college is a succession, still keeps on the even tenor of its way as a graduating mill.

Typhus fever once more threatens New York. Dr. Day was this week informed that there was a case of a contagious disease in an Italian tenement house on Mulberry street. Dr. J. N. McChesney was in consequence sent to the house in question. It was found to be chiefly occupied by rag pickers. A young man was found on the first floor almost moribund from a very virulent form of typhus. He had a temperature of 108° F. It was not safe to move him, but he could not be isolated, and it was impossible to control the excited inhabitants of the house, who kept swarming into the room. He was removed to the Reception Hospital, where he died in a few hours. He had been at work in Cornwall, New York, and had slept in a shanty with fifteen other laborers. He had been in bed nine days when he was brought to this city by his companions and taken to the house in which he was found. Dr. Harris, of the State Board of Health, was informed of the circumstance and visited all the temporary lodgings in the four towns along the line of railroad north and south of Cornwall. He found one fatal case of fever. The search is to extend to the fifteen towns in which the Italian navies are lodged. This is the first case reported for some time, and it creates no little alarm at the possibility of an epidemic, especially as the people of one very filthy locality have been exposed to the disease. The city is by no means well cleaned and the weather is warm. The watering places in the vicinity of the city are getting into a very unsanitary condition. In Seabright but little attention has been paid to proper drainage, and in consequence of this typhoid and typho-malarial fevers are very prevalent. There is a local Board of Health, but its function is only advisory, and it has no power to compel any change or to expend any money in making changes.

I.



*DEATHS FROM CHLOROFORM.*

August, 20, 1882.

While reading in the CHICAGO MEDICAL REVIEW (vol. vi, No. 3, p. 356) an article entitled "Death from Chloroform" reported by the Charleston Medical Society, I was reminded of a case in my own practice which happened about twenty years ago. I was called to administer chloroform and extract a tooth. The patient, a Scotch girl aged eighteen years, was remarkably strong and healthful, had no fear of taking chloroform, was not nervous or excited in any way.

I poured about a drachm of chloroform into a cup, formed by folding a handkerchief, and administered it in the usual way, permitting a plentiful admixture of air with the vapor of chloroform. While the patient was taking the second inspiration her head fell back and to the left. She was completely under the influence of the anaesthetic, breathing light, without being stridulous. I extracted the tooth (a large molar) the patient showing no sign of pain. An hour elapsed before complete consciousness returned. Two or three months after I was called again to the same patient for the same purpose. She laughing said she was going to have a good snuff of the chloroform this time. She did so, the result was three hours unconsciousness from once breathing the chloroform.

I was told by a lady in whom I have all confidence that after taking chloroform she was laid out for dead twelve hours.

Query: may not many of the cases of death from chloroform which are reported, be caused by the patient becoming anaesthetized before the physician is aware of it, and is a physician justifiable in allowing his close attention to be diverted (especially in the early part of the administration of any anaesthetic) until he is through with its use.

W. J. CLARY.

204 State Street, Chicago, Ill.

Horace Greeley once emphasized the value of a vegetable diet by the remark that after Nebuchadnezzar had been turned out to grass it was never recorded of him that he suffered from indigestion.

What does a physician do when his wife suffers from distemper? He takes an elixir.

## BOOK REVIEWS.

**MATERIA MEDICA AND THERAPEUTICS.** By Charles D. F. Phillips, M. D., London. Wm. Wood & Co., New York, 1882; W. F. Keener, Chicago.

The first part of this work appeared in 1879, in Wood's Library of Standard Authors. There are good, bad and indifferent people in the world, and no two of them alike. So it is with books. We open Dr. Phillips' work and find it a compilation or rather a series of notes with addenda by the author. The work contains a large amount of information, but all of it is not information that the student at least would desire to have. As a book of reference for facts in the past and present, it is a success, and embodies much that cannot be found in any other one work, but it is with a feeling of regret that we lay it aside, for the author evidently has had but a limited acquaintance with the modern work in the physiological action of drugs. While compiling many of the old tales and odd information to be gleaned in old English medical literature, Dr. Phillips has forgotten the long strides taken by the earnest workers and brilliant experiments in our own land and in Germany and France.

**PRACTICAL MEDICAL ANATOMY.** By Ambrose L. Ranney, A. M., M. D., New York. Wm. Wood & Co., 1882. W. F. Keener, Chicago.

This work is a guide to the physician in the study of the relations of the viscera to each other in health and disease, and in the diagnosis of the medical and surgical conditions of the anatomical structures of the head and trunk. It is an interesting book, both to the busy practitioner and to the medical student; to the practitioner, because it gives him many points essential to his diagnosis, and which from press for time he has not been able to think out for himself or glean from many works; to the student, because it furnishes him with incentive to further anatomical study, since it shows him the practical bearing of the study of anatomy, which then becomes no longer mere dry bones. The study of anatomy must be one of the fundamental studies of all medical education. The surface anatomy is a part too often neglected. It seems to be left mainly to the artist, and entirely forgotten in its practical bearing. The older observers gave very great



importance to it, and it would seem as though we with all our boasted advancement have scarcely caught up in some branches with the old-time masters. Dr. Ranney's study of the face as a means of diagnosis is a readable and instructive chapter. It is often about the only means of diagnosis in very young children. The best test of a book is, whether after reading it once, it can be read again with profit. After going through Dr. Ranney's work from cover to cover, we can read it again and wish there was more.

THE PRACTICE OF GYNECOLOGY IN ANCIENT TIMES, by Edward W. Jenks, M. D., LL. D.

The above is the title of a very readable and scholarly monograph. The author shows clearly that though modern times claims gynæcology as an outgrowth of its own work and thought, yet the claim is only partly true. One of the most curious specimens of archaic erudition will be found in the section on hysteria. We quote the following remarkable idea of the ancients: Plato says that the uterus being an animal desirous of generation, if unfruitful for a long time becomes indignant, wandering all over the body, stops the passages of the spirits and the respiration, occasioning thus the most extreme anxiety and all sorts of diseases. Another curious idea is that expressed by Aretæus, viz.: that the uterus delights in fragrant odors and flees from fetid ones. Therefore when this animal within an animal starts on one of its perambulations it has to be enticed into position again by attracting it from the vagina by pleasant odors and driving it down from above by disagreeable odors. The views of Rhazes concerning the qualifications for a physician though written six hundred years ago apply none the less aptly in our own times. He says that he who aspires to eminence in the medical profession "instead of wasting his earlier years in frequenting musical and dancing parties, should spend them in conning over the valuable records of ancient wisdom. But the sciolist who gives himself out as proficient in the art while he has scarcely a smattering of learning, will never be deserving of much confidence, or even attain any great eminence in his profession." When an acquaintance with former authors is despised what need be expected from the efforts of a single person? We hearti-

ly commend this little work of Dr. Jenks containing, as it does, in succinct form, the various good gathered from an extended reading and varied store of learning such as our author possesses. In our work-a-day busy world, in our rush for success we sometimes forget that we are not the sole possessors of learning. Much that is pleasurable, much that is profitable, may be gathered from just such work as lies before us.

THE GERMAN GOVERNMENT has just laid before the Reichstag a decree prohibiting the use of poisonous colors for the coloring of certain alimentary substances and food articles. The following articles are prohibited, antimony (oxide of antimony) arsenic, barium (except the sulphate) lead, chromium (except chromic oxide, cadmium, copper, mercury (excepting annabar) zinc, tin, gamboge, picric acid.

## THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from August 13, 1882, to August 28, 1882.

Murray, Robt., Colonel and Surgeon. Relieved from duty as Medical Director Military Division of the Missouri, and to report in person to the Commanding General Military Division of the Atlantic and Dept. of the East, for duty as Medical Director of that division and department. S. O. 191, A. G. O. August 18, 1882.

Hubbard, V. B., Major and Surgeon, now awaiting orders, to report in person to the Commanding General, Department of the Missouri, for assignment to duty. S. O., 186, A. G. O., Aug. 18, 1882.

Smart, Chas., Major and Surgeon. By direction of the President detailed as a member of the National Board of Health, organized under act, approved March 3, 1879, vice Major Billings, Surgeon, relieved. S. O. 190, A. G. O.

McCreery, G., 1st Lieut. and Assistant Surgeon. Transferred from Fort Apache to Whipple Barracks, A. T. S. O. 119, C. S., Dept. of Arizona.

Ebert, R., 1st Lieut. and Assistant Surgeon. Relieved from duty at Ft. Walla Walla, W. T., to accompany troop E, First Cavalry, to Boise Barracks, and on arrival there relieve Assistant Surgeon Wilcox from duty at that post. S. O. 106, C. S., Dept. of Columbia.

Raymond, H. I., First Lieut. and Asst. Surgeon. Transferred from Whipple Barracks to Ft. Apache, A. T. S. O. 119, D. of Arizona, Aug. 3, 1882.



Billings, Jno. S., Major and Surgeon. By direction of the President relieved from duty as a member of the National Board of Health. S. O. 190, A. G. O. August 17, 1882.

Brown, J. M., Major and Surgeon. Assigned as Attending Surgeon at headquarters Dept. of the South in addition to his duties as Post Surgeon at Newport Barracks, Ky. S. O. 79, Dept. of the South. August 10, 1882.

Bill, J. H., Major and Surgeon. Granted leave of absence to December 1, 1882. S. O. 196, A. O. August 24, 1882.

Alden, Chas. H., Major and Surgeon. Granted leave of absence for three months. S. O. 196, C. S., A. G. O.

Byrne, Chas. B., Capt. and Asst. Surgeon. The leave of absence granted him in S. O. 68, July 12, 1882, Dept. of the South, is extended two month. S. O. 189, A. G. O. August 16, 1882.

Wilcox, T. E., Capt. and Asst. Surgeon. To accompany troop F, 1st Cavalry, to Ft. Walla Walla. and then repair to the Headquarters for assignment to duty at Vancouver, B. K. S. O. 106, Dept. of Columbia. July 31, 1882.

Semig, B. G., Capt. and Asst. Surgeon. To be relieved from duty in Dept. of the Platte, and on expiration of his leave of absence on Surgeon's certificate of disability granted him in S. O. 121, C. S., A. G. O., to report by letter to the Surgeon General. S. O. 186, C. S., A. G. O.

Munn, C. E., Capt. and Asst. Surgeon. The leave of absence granted him in S. O. 177, July 28, 1882, Dept. of the Missouri, is extended two months. S. O. 196, C. S., A. G. O.

Taylor, M. E., Captain and Assistant Surgeon. Relieved from duty at Jefferson Barracks, Mo., and to report by letter to the Surgeon General. S. O. 185, A. G. O. August 10, 1882.

Taylor, M. E., Captain and Assistant Surgeon. Granted leave of absence for four months. S. O. 188, C. S., A. G. O.

Spencer, Wm. G., Captain and Asst. Surgeon. The leave of absence granted him in S. O. 80, April 7, 1882, from A. G. O., is extended two months. S. O. 191, C. S., A. G. O.

Wakeman, William J., First Lieut. and Asst. Surgeon. Relieved from duty at Columbus Barracks, Ohio, and to report in person to the commanding general Department of the Platte assignment to duty S. O. 185, C. S., A. G. O.

Macauley, C. N. B., First Lieut. and Asst. Surgeon. Appointed Asst. Surgeon to date from August 10, 1882.

Macauley, C. N. B., First Lieut. and Asst. Surgeon. Assigned to temporary duty at Fort Columbus, N. Y. S. O. 147, Department of the East, August 25, 1882.

Cherbonnier A. V., Capt and Medical Storekeeper. Upon expiration of his present sick leave of absence to report in person to Lieut. Col. E. Swift, Asst. Medical Purveyor, New York City, for duty in the medical purveying department in that city. S. O. 188, A. G. O. August, 14, 1882.

Powell, J. L., 1st Lieut. and Assistant Surgeon. Confirms telegraphic instructions of this date to allow the Lieut.-Colonel 10th Cavalry and troops G. and L. of that Regiment, and Asst. Surgeon Powell to continue, temporarily, and until further orders, at Ft. Stockton, Texas. S. O. 84, Dept. of Texas. August 9, 1882.

Owen Jr., William O., First Lieut. and Asst. Surgeon. Assigned to temporary duty at Vancouver Barracks. W. T. S. O. 114, Department of the Columbia, August 11, 1882.

Egan, P. R., First Lieut. and Asst. Surgeon. Relieved from duty at David's Island, N. Y., and to report in person to the commanding General Department of Arizona for assignment to duty. S. O. 185, C. S., A. G. O.

## BOOKS AND PAMPHLETS.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Eighty-fourth Annual Session, 1882, Baltimore. Isaac Friedenwald.

R. S. Dewey, M. D., Differentiation in Institutions for the Insane. From the American Journal of Insanity for July, 1882.

Edward John Tilt, M. D. The Change of Life in Health and Disease. A clinical Treatise on the Disease of the ganglionic nervous system incidental to women at the decline of life. Philadelphia. P. Blakiston, Son & Co., 1882; Chicago, W. T. Keener.

Letters and Facts not heretofore published touching the Mental Condition of Charles J. Guiteau since 1865, by John W. Guiteau.

Charles B. Kelsey, M. D. Diseases of the Rectum and Anus. New York, Wm. Wood & Co., 1882; Chicago, W. J. Keener.

Prospectus and Catalogue of the Schools of the Chicago Academy of Fine Arts, 1882-83.

John Ashhurst, Jr., M. D. The International Encyclopædia of Surgery, Vol. II. Wm. Wood & Co., New York. W. T. Keener, Chicago.

S. James Donaldson, M. D., New York. Contribution to practical Gynecology. New York, Trow's Printing and Bookbinding Co. Chicago, W. T. Keener.

F. C. Stewart, M. D. An Old System and a New Science. Geo S. Davis, Michigan.

John Clay, M. D., London. On the treatment of Cancer, 1882. London, J. & A. Churchill, 1882.

Fourteenth Annual Report of the Central Free Dispensary of West Chicago. Chicago, Turner & Co.

John M. Keating, M. D., Philadelphia, Penna. The Presence of the Micrococcus in the Blood of Malignant Measles. Its Importance in Treatment. Reprinted from the Philadelphia Medical Times for August 12, 1882.

Transactions of the Medical Society of the State of West Virginia. Fourteenth and Fifteenth Annual Sessions, 1881, 1882. Wheeling, Louis Baker & Co.

First Annual Announcement of the College of Physicians and Surgeons of Iowa, at Des Moines session of 1882-83.



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SUCCESS.—We read of this man and that man attaining to points of eminence, and usually it is stated that such is the case, from genius. Now, while not for one moment denying that one brain is worth more in a given direction than another, we cannot but see that, after all, success crowns long and persistent effort. It is not so much genius that gains the laurel as the ability to endure patient and sustained mental efforts. It seems as though our giants in intellect are never too busy to assume added duties. Von Graefe, whose clinic always lasted most of the day and his practice far into the night, recorded his work every day. Velpeau worked ten hours daily, nevertheless found time to write over eighty works. In looking over the lives of our prominent men, we cannot but see that two characteristics will be found in each and all namely, the ability to work and the ability to decide. The man who vacillates loses time and in the majority of cases decides in the wrong after all. It is better to make an occasional error than never to do anything in which it is possible to err.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—The desire for some more speedy method of publishing and distributing the transactions of the American Medical Association, led the Association, at the last meeting, to decide to publish

its transactions in journal form to take the place of the annual volume. The journal is to contain thirty-two double-column pages of reading matter. To gain the co-operation of the profession, notices are being mailed to physicians generally. Dr. Davis, upon interview, stated that encouraging reports are being daily received. The object is such a good one that every physician, whether a member of the Association or not, should give his assistance, because the project is succeeding is no reason for any one holding back. The Journal will need help from every available source, and splendid work can be done. The value of such widespread information from the highest sources cannot be overestimated.

PROFESSOR ESMARCH ON GARFIELD'S WOUND.—We have some very tardy wisdom from across the water about this never-ending subject. It is very distressing to know that our late president not only died, but died from the ignorance of his medical attendants. Surely Dr. Esmarch's insight must be keen to warrant his bold assertions, not only never having seen the case, but now months after the lamentable occurrence. Our American surgeons and American surgery do not remain in the back-ground in comparing the results of modern surgery. It is a long time after the event to criticise, and it

seems remarkable that so eminent a man as Dr. Esmarch should venture an opinion without having made an examination of the case.

**COOK COUNTY HOSPITAL.**—Every physician cannot but feel his honor and professional dignity wounded by the recent proceedings at the Cook County Hospital. Whatever view may be held concerning the advisability of the operations proposed by Drs. Lee & Gunn, the opinion must be unanimous that the decision could and should have been made solely by members of the profession. The interference of Commissioner Mattocks was contrary to the regulations governing the hospital. Rule 4, section 8 says, The attending physicians shall have entire direction of the treatment of the patients. If we have no other reason for deprecating the occurrence, we have abundant reason in the precedent it establishes. When these great operations, involving life and limb, tax the skill and wisdom and every resource of our most talented men, it is not to be supposed that the operations should be submitted to individuals entirely uneducated in the matter, who shall say whether or not they shall be performed.

**PHARMACOLOGY.**—Dr. F. E. Stewart has written a pamphlet on *An Old System and a New Science* and while we cannot fail to see that the article is a good advertisement of Parke, Davis & Co., we also see what some of the points taken by Dr. Stewart are good, are of much value and importance to every physician. The gist of the paper is that pharmacy should be raised to a science indeed, and that the Medical and Pharmaceutical professions should be brought into harmony. The claim is made that *Materia Medica*, Pharmacy and Therapeutics should be classified under one head with the name of pharmacology. The idea is not new but is good. The wide-spread sale of proprietary medicines and the growing disability among

even our good pharmacists to dispense drugs properly demands the attention of every thinking and intelligent physician. The writer a few days ago in conversation with a leading druggist was informed that all the doctors of the neighborhood used a certain manufacturer's pills and rarely ever prescribed a pill mass to be made. This same druggist was unable to make a troche. The effect of this is evident, the time is near at hand if this matter progresses as it now is moving, when intelligence in the selection of drugs and in their preparation and also in the prescribing of them will be at a discount.

**AN ABNORMALLY LONG STYLOID PROCESS AS THE CAUSE OF DYSPHAGIA.**—Dr. Wienlecher relates two cases of the above trouble. In the first, a lady patient experienced since twelve days a severe pain, accompanied by a sensation of pressure in the right tonsil. On examination, a hard body was found, the blunt end of which pressed forward against the mucous membrane. It could be traced outwards, could not be felt above, but corresponded in all to the site, etc., of the styloid process. Dr. Weinlecher pressed it forcibly outward and it disappeared with a crash, plainly heard by all around. The dysphagia disappeared. After ten months the patient returned with the same trouble which had appeared since three days. Pathology and treatment were the same, neither after the operation nor on the next day could a hard body be felt. In another case observed by the author it was impossible to fracture the bone. The author draws attention to the fact that this anomaly may impede incision of the tonsil from below upward.

**IS ARTIFICIAL HEAT NECESSARY FOR THE PROPAGATION OF SMALL-POX.**—Crossing the plains in 1852, the writer, E. H. Keables, M. D., visited a wagon-bed about one hundred yards south of the emigrant road and found lying therein a man having con-



fluent small-pox. He had been left to die uncared for, and was then nearly dead. The only chance he had to quench his thirst was in asking those who visited him to give him water or fill his pitcher. This was frequently done, and often refused by the many who called to see him. Not one of these took the small-pox. In the winter of 1862, at Diamond Springs, California, three men occupied a cabin just north of the town on a hill. One of them was sick. No one knew what was the matter with the sick man except his comrades, and they did not tell. Whether the man died or not, I do not remember distinctly. But in some way it became known that he had the small-pox. There was no other case in town. In order to prevent the spread of the disease, his clothing, bedding, and everything that could be suspected of containing any germs of the disease were carefully burned in the cabin fire-place. Within four weeks of that time not less than fifty cases of small-pox appeared in town. Eighteen years ago, Dr. Keables treated a family for small-pox. A comb used by the family when convalescing, was accidentally thrown over a bed upstairs, and the upper room not being plastered, fell down between the plastering and the siding of the lower story. Ten years after, two small children, through a break in the plastering found this comb. Their mother took it from them and threw it into the fire. Within three weeks those two children were taken with the small-pox. There being no other cases in town, and the children being too young to leave the house, it was quite a mystery how they got the disease. About twelve years ago a student in the Central University of Iowa was taken sick. There was no small-pox in town. No one suspected that he had it. His room being in the college building, nearly all the students visited him after the eruption appeared. The writer was then called, and pronounced it small-pox. The school was dismissed, the students scattered to their homes, expecting themselves

to have the disease, but not any of them contracted it. There was no fire at any time in the sick student's room. After he recovered he was taken to his house when his sister washed his clothing, took the small-pox and died. These facts, taken in connection, viz., that small-pox diminishes in the spring in proportion as fires are dispensed with, suggests the inquiry that heads this article. The writer does not tell us what effect the dilution of the poison, which comes in spring with freer ventilation, might have upon the poison of small-pox.

**THE VALUE OF BLOOD.**—Dried blood contains from twelve to eighteen per cent. of ammonia and one and a half to two per cent. of phosphoric acid. It is, therefore a most valuable fertilizer. It is estimated that sixty million animals are slaughtered in this country every year. The value of the blood of these animals for fertilizing purposes is not less than ten million dollars. But a more important consideration is that the saving of the blood would remove a vast amount of polluting matter from the neighborhood of our large cities. The Conseil d'Hygiene la Seine propose the following mixture to preserve one hundred litres of blood: Sodium sulphate, .6 kilos; crude phenol, .15 kilos; vinegar, .15 kilos; sulphuric acid, .03 kilos; water, 1.50 kilos.

**SYNTHESIS OF QUININE.**—In a communication to the French Academy, Maumené announces the discovery by him of the synthesis of quinine. The details of the operation are in a "sealed package" not yet opened or published. (Chem. Central Blott 25, 1882.)

It was Doctor Oliver Wendell Holmes, we are told, to whom, as he was waiting for a prescription, the druggist said: "That is my son, sir, sitting by you; don't you think he looks like me?" "Well, yes," replied the poet, "I think I can see some of your liniments in his face."

**THE TREATMENT OF CANCER.**—After reading Dr. John Clay's enthusiastic pamphlet on the Treatment of Cancer, by Chian turpentine, we lay it down with the heart-felt wish that we could believe all that is claimed for the drug. The remedy is not a new one, but it may be worthy of further trial. Cancer is a disease so essentially hopeless that physicians can attempt cure with no faith in their ability. Dr. Clay reports a number of cases claimed to be malignant, in fact declared to be true cancer, in which cases positive cures have been brought about by the continued use of this drug. Judging from the statements made, it would seem almost impossible to obtain good and reliable preparations of this drug. Nevertheless, the attempt can be made. The maximum dose is twenty-five grains per diem. In using this treatment tonics are needed and astringents locally. Dr. Clay first used the drug in cancer of the female genital organs, especially of the os uteri. In each case as reported, within a few days, pain was relieved, then a copious discharge came from the vagina. The cell structure of the cancer shrivels up and sloughs off, leaving the blood vessels still intact. Astringents are necessary to prevent hemorrhage. The treatment is so simple, and the result promised so great, that we can only say again, the drug is worthy of a trial, and we repeat the caution to obtain the drug pure.

**HEMORRHOIDS.**—Riding horseback has for some time been considered as deleterious in hemorrhoids, but it was not so viewed among the older writers. In an able article in the Medical Record, Dr. W. Bodenhamer has made a careful study of the subject. Equitation is a passive, active exercise, and differs materially as to whether the horseman rides in the English or French fashion. The English rider with short stirrups, and the instep of the foot resting in them does not sit closely and firmly in the saddle but makes the stirrups serve him as points d'appui, in consequence

of which his body is raised at every movement of the horse, because the nates are not supported. The French rider, on the contrary, with long stirrups, and only the ball of the foot resting in them, sits firmly in the saddle, with the nates and the saddle in close and constant contact. Whilst the two methods of riding have each their several advantages, in the hemorrhoidal state the French fashion is obviously the best. For, owing to the motion of the horse being communicated directly to the pelvis, the visceral circulation is accelerated and from the continued pressure upon the saddle the local stasis is prevented.

**NITRITES IN POTABLE WATER.**—The presence of nitrites in water has always been regarded as one of the surest signs of sewage contamination. The difficulty however, of detecting and estimating nitrous acid has been so great that many analysts of water for sanitary purposes have made no attempt whatever in this direction. Hereafter, however, there will be no excuse for this omission. Edward W. Dary (Item, News 1180) has described a very simple test by means of which nitrous acid can be estimated by a process similar to that proposed by Nessler for ammonia. This test is founded on the coloration produced in a solution of gallic acid by nitrites. This coloration is yellowish brown, and its depth up to a certain point, depends on the amount of nitrite present. A solution of a nitrite of known strength having been previously prepared, the color produced by a natural water in a gallic acid solution can be accurately imitated, and thus the quantity of nitrite present determined. Neither sulphuric, hydrochloric nor nitric acid interferes with the reaction, although the latter must not be present in large quantity. The formation of the color is much promoted by heat, but when once formed it is quite permanent. The standard nitrite solution is best produced from silver nitrite though its potassium salt may be used. If iron is



present in the water it should first be removed by ammonia, and the filtrate acidified before adding the gallic acid solution. The new process promises to be one of great benefit to the sanitary analyst.

**MICROZYMES OF THE STOMACH.**—Bèchomp (C. r. 94, 970) details some interesting facts concerning these organisms. The stomach juices, as is well known, lose a considerable portion of their activity. On the filter small, highly refracting bodies, which, in hydrochloric acid of the same acidity as the stomach juices, act like pepsin. These bodies contain eighty-seven per cent water and thirteen per cent organic and inorganic matter. The amount of inorganic matter amounts to about 1.2 per cent. These are the mikrozymes of Bèchomp, which produce pepsin by a process of secretion. They dissolve starch without burning it into sugar. They do not invert cane-sugar.

**THE STUDY OF THE FACE AS AN INDEX OF THE BRAIN.**—To examine a face hold a piece of paper in front of it, with one edge vertical; either half of the face can then be covered in turn. The face may be divided into three zones by rotating the paper ninety degrees. Dr. Francis Warner (British Medical Journal) states that the principal movements of the facial muscles are: I Dilatation and contraction of the facial foramina; probably this corresponds in significance to flexion and extension; II Elevation and depression of parts, such conditions are well seen by comparing the two sides of the face in a case of Bell's paralysis; III Retraction and drawing forward of parts, as in grinning and screwing up the mouth. Very much can be gained in our knowledge of the condition of the brain by this simple means of study. All the zones of the face dividing them both horizontally and bilaterally can be studied with profit. In observing how easily facial asymmetry is brought about, we see evidence that the union of the facial

centres is easily dissolved, the assymetry being especially seen in the lower zone; thus assymetry is produced by nervousness, by the desire to attack, snarling, or by such defective nutrition or development as produces unequal features when in motion. The higher, more intelligent expressions are symmetrical. The finer more delicate movements required in expression are often lost, even when the larger movements can all be performed.

**LOCALIZATION OF INTESTINAL CATARRH.**—A careful study of the intestinal tract and a minute and extended examination of the dejecta therefrom will throw a flood of light on all diseases of that extensive tract. The value of such work will be even greater than the similar work done in the case of the kidney. The following points are gathered from Dr. H. Engel's paper on the subject (Medical Record, September 2d,) and may be taken as a starting point for further study: Purely mucous passages indicate generally catarrh of the rectum, possibly also of the sigmoid flexure or lower part of descending colon. Hyaline mucous granules, recognizable by the microscope only, and intimately mixed with solid or semi-solid feces, without the presence of mucous indicate catarrh of the upper large intestine and of the small intestine. Small yellow mucous granules denote affection of the small intestine. Bile pigment reaction in the stools indicates a pathological peristalsis of the whole of the large and the lower part of the small intestine. Bile stained epithelium denotes catarrh of the small intestine and also rapid perisalsis. Muscular tissue in the faeces of fever is not diagnostic. At other times it indicates disease of the upper small intestine as do also starchy and fatty matters. Auscultation is of no value as a means of diagnosis. Concerning pain, if it is griping or if relieved by pressure, the lesion is of the small intestine. Distention of the abdo-

men with no oppression indicates affection of the small intestine, while the opposite condition should direct the attention mainly to the transverse colon. Constipation either alone or alternating with small fluid stools or the latter alone, with localized pain over a sausage shaped swelling and the patient feverish indicates affection of the colon, generally of the cæcum—catarrhal typhlites. When a patient suffering from chronic catarrh of the bowels has an eruption appear upon the skin even if only a herpes of the lips, it is almost certain that the lesion is confined to the small intestine.

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**OPERATION FOR DEFLECTED NASAL SEPTUM.**—Dr. Glasgow (Archives of Laryngology, Jan. 1, 1882,) favors Dr. Steele's method. The instruments necessary are stout forceps shod on one blade, with knives set in a stilleto form and united like the blade of an obstetric forceps. The blades protected are each introduced separately. The divided septum is pushed back to the normal line and held there by ivory or ebony plugs, which are allowed to remain about four days.

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**THE EVIL EFFECTS OF THE NASAL DOUCHE.**—The nasal douche in the hands of the novice or reckless is a potent instrument for harm. The same can be said of almost all our instruments and appliances. Dr. Carl Seiler (Medical Times) gives the following rules for its use. 1. The liquid should be of the temperature of the body. 2. It should be of the same specific gravity as the serum of the blood, a liquid easily obtained by dissolving a teaspoonful of salt in a pint of water. 3. The bottom of the vessel should not be elevated above the forehead of the patient using it, as the greater gravity from higher elevation is likely to force the liquid into cavities communicating with the nasal chambers. 4. The patient must not swallow while the water is flowing as deglutition opens the mouth of the Eustachean tube. The

douche must not be used in cases where there is any impediment to the passage of the liquid outward, such as deviated septum, exostoses or polypi, hypertrophies etc. The liquid may be backed up and find its way into the middle ear, frontal sinuses and even into the antrum giving rise to inflammation of the lining mucous membrane. To dissolve the inspissated crusts of ozæna it is better to substitute in the fluid used a little soda or borax for some of the salt mentioned.

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**RARE CASE OF DYSTOCIA.**—The woman, thirty-nine years of age, had borne a child eighteen years ago. She died in ineffectual labor in her second pregnancy. The autopsy showed a placenta prævia and the child already putrid. The cavity of the uterus was separated from the cervix by a membrane, in a transverse direction, and three centimetres long.

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**ENDOCARDITIS.**—That endocarditis may complicate the malignant varieties of exanthemata is called to mind by Dr. H. C. Wood, Jr., in his report (Medical Gazette) of a case of malignant scarlatina. Without any prodromata the patient thirty-two months old was seized with a violent fever. No rash, throat sore, tongue white, occasional twitching of hands, breathing frequent, pulse one hundred and fifty, no cough nor sign of lung trouble. A soft but distinct systolic murmur was heard most intense over the middle of the heart and toward the apex, but not transferred up along the aorta or pulmonary artery. There was no pericardial friction, but evident præcordial tenderness. Nervous prostration was very marked. Post-mortem examination revealed, lungs healthful except one small patch of recent adhesion, no pericarditis nor effusion. Within the heart cavities were found beside fluid blood and soft dark clots, in the right ventricle an extensive ante-mortem clot, pale firm and tightly attached to the wall by numerous prolongations under and around the tra-



beculæ, and extending through the tricuspid valve into the right auricles and auricular appendage. The valves themselves were healthy in the right side. Ante-mortem clots were also found in the left ventricle and on the mitral valve which presented evidence of acute endocarditis. The fibrils of the heart showed granular degeneration with some proliferated muscle. The kidneys were markedly congested, showing granular epithelium and tubules choked with epithelial debris. The above cases present many points of great practical value. At first the diagnosis was difficult, the mitral murmur suggesting rheumatic fever. That the case was one of malignant scarlatina with severe cardiac complication is shown by the grave nervous symptoms, the severe sore throat, the rapidly fatal ending, and the post-mortem changes, especially in the kidneys. Another point of interest, was the existence of carditis and endocarditis at the very earliest stage of the attack. It shows how necessary careful physical exploration is in every case of acute disease.

**MEDICAL RUBBING.**—Dr. J. Fletcher Little, in the *British Medical Journal*, says: "Medical rubbing when skilfully done, is one of the most effective and powerful remedies that we possess. If it is done by ignorant or untrained hands, it is capable of doing immense injury. Medical rubbing can restore the wasted muscles, can unloose the stiffened joint, can promote the enfeebled circulation, can bring back sensation to the benumbed limb, can soothe the irritated nerves, and can promote digestion and assimilation by causing healthy waste and excretion. The principles of medical rubbing are simple and easily understood, so that any medical practitioner can train a suitable person in a few lessons. The rubber should be strong and healthy, bright and cheerful, with plenty of energy and intelligence. A stupid lout cannot make a good rubber. The hands of the rubber should not be too

small nor too large. They should not be bony or clammy, nor horny nor doughy. They should be firm, warm, supple. The position of the rubber should always be that of perfect ease. No one can rub if they are craning over a patient, or in a cramped or constrained position. The patient must always be placed in such a position that the rubber is perfectly at his ease. If this is not done the rubber soon tires, uses unnecessary force, hurts the skin, bruises the muscles, and does more harm than good. No muscle should ever be rubbed except it is soft, and no joint except the skin over it is relaxed. The skill of the rubber is greatly aided by the science of the physician in placing the muscles and joints in the most suitable position. The patient should be lying down on a low bed or couch, and the rubber sitting close to or standing by him. The limbs should always be rubbed from the extremities upwards, and the trunk from above downwards. Many attempts have been made to supersede the human rubber and many costly machines invented, which can do no more nor quite as much as the human hand.

**TO HASTEN THE ACTION OF QUININE.**—Dr. Starke (*Berliner Klin. Wochenschrift*) advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine rendering its physiological action much more prompt, but also obviates the unpleasant gastric irritation so common after the administration of large doses of this drug.

**BEARD OF WHEAT AS A CANCER.**—What an irregular practitioner of New Albany, Indiana (*American Medical Weekly*, August 12, 1882), pronounced to be a laryngeal cancer was found by the mother of the affected child to be a beard of wheat eight inches long and containing eight grains of wheat.

**CHOLESTERIN.**—Schulze and Barbieri (Jour. Prokt. Chem. 25, 159) give the results of their own and of former investigations of the properties of this body. There appear to be no less than five distinct cholesterins, viz.: (1) Common cholesterol, melting point  $145^{\circ}\text{C}$ ; (2) Phytosterin, melting at  $132^{\circ}$ ; (3) Para cholesterol,  $134^{\circ}$ ; (4) Canlosterin,  $158^{\circ}$ , and (5) Isocholesterin,  $138^{\circ}$ . The first four of these are all lævo-rotary, while the fifth one turns the polarized ray to the right. Of these cholesterolin is certainly a pure chemical compound. The author obtained canlosterin from the growing germs of the *Lupinus*. Phytosterin is the same substance that Hesse obtained from the calabar bean. The first four of the above named bodies give a strong color reaction with chloroform and sulphuric acid. Cholesterolin is found widely distributed among plants, but the part it plays in vegetable life is not well understood. The old idea, therefore, that it is solely an animal product, is erroneous. Experiments with the sprouting and green plants of the *lupinus luteus* seem to show that the cholesterins do not belong to those seed constituents which are used in sprouting that takes place in the dark; rather is it probable in such cases that their quantity is increased; perhaps they arise as decomposition products of other bodies, a theory that is in harmony with Hoppe Seyler's view that cholesterolin is the product of the decomposition attendant on common cell life.

**TO TREAT UTERINE HEMORRHAGE.**—Dr. M. R. Barker, in the *Medical and Surgical Reporter*, relates the history of a few cases of obstinate uterine hemorrhage treated in the following manner: A spiral slide is placed upon the uterine applicator, leaving three inches of its point uncovered. The point is then covered with absorbant cotton in the usual manner, excepting that the part next to the slide is made thicker than the rest, and a thread tied around it so as to withdraw it when necessary. The

cotton is then dipped into glycerine and dusted with powdered persulphate of iron. It is applied to the cavity of the uterus, the slide pushing off the cotton, which is left in place. The idea is a good one, but we would criticise the use of iron as a haemostatic when we have other means as efficient without the danger of forming so dense a clot.

**SELF-ABORTIONS.**—Dr. H. S. Humphrey reports the following: A tall, angular girl, about twenty years old, came into my office, and without hesitating, remarked that "she was in a fix and was determined to get out or die. Said she had got something in her womb." I asked her what it was, she doggedly replied, "a button hook." I placed her in my chair and found about half an inch of the handle protruding between the labia. She had the point passed beyond the internal os, and in attempting to withdraw it the point imbedded itself firmly in the uterine tissues. There was some hemorrhage, and labor pains were pretty frequent. In her efforts to dislodge the hook she had dragged the uterus low in the pelvis. Seizing the handle with my left hand I introduced my uterine forceps along the stem of the hook until they entered the neck of the womb. I then opened the blades so as to embrace the stem at the curve of the hook, and had little trouble in removing it. Labor progressed, and in a few hours was over with, the girl making a good recovery.

**HYDROGEN SULPHIDE.**—The origin of the above substance in sulphur waters has never been thoroughly understood. Joseph Boehm (*Monatsh. für Chem.* 3, 224) has shown that well water, in certain circumstances, will yield  $\text{H}_2\text{S}$  when treated with flowers of sulphur. This takes place only when the air is excluded, otherwise sulphuric acid is formed. Long contact with free sulphur out of contact with air probably produces the hydrogen sulphide of sulphur springs.



**RECOVERY FROM TRAUMATIC TETANUS.**—Recovery from traumatic tetanus is so rarely if ever seen, that the case reported by Dr. J. J. Buchanan is of decided interest. The patient had been injured by a car wheel. The injured limb was amputated. Eleven hours after the operation, the jaw became rigid and convulsions shortly commenced. Soon the jaws were so tightly closed that a knife blade could not be forced between them. Seven convulsions were occurring at intervals of five minutes; the abdomen was board-like, the head drawn back into the pillow. Chloral and potassium bromide, five grains each, and morphia sulphate one-twelfth grain were ordered to be given every three hours, the lips being separated and the solution dropped upon the teeth. A liniment composed of equal parts tincture aconite root, laudanum, ammonia water and olive oil was rubbed well into the integument of the entire trunk, neck and sides of the face, repeated every three hours. Relief was speedy. In ten days all the muscles were relaxed, and a month after, the patient was discharged, and with a nicely healed stump.

**IMPOTENCY.**—In the American Medical Digest Dr. Richardson makes the statement that celerina is the most efficient nerve tonic in the materia medica. To make the matter sure he adds ten grains of bromide to each teaspoonful dose. This precaution appears to be a very wise one indeed. He states the patient after commencing the use of this formula rarely if ever has an emission. This clearly proves that celerina is a good nerve tonic and—that it will stop the emission if bromide be added to it.

**ARTICLES of tin, brass or copper used in contact with drugs, etc., can be easily plated with platinum by rubbing a solution of one part of platinum chloride in fifteen parts of alcohol and fifty parts of ether. When dried they should be polished by rubbing with a linen or woolen rag.**

**FACTS.**—In the inaugural address, delivered before the British Association now in session, Dr. Siemens related some facts about scientific research and its value to man. Estimating the coal used in the manufacture of gas at 9,000,000 tons worth \$27,000,000, the waste products show a value of \$42,800,000, or 15 million plus in excess of the cost. From the waste are manufactured dyes, manure, pitch, creosote, crude carbolic acid, coke, etc.

**CIRCUMCISION.**—Dr. Skillern of Philadelphia has invented a new forceps which has many advantages in circumcision, and the use of it is so simple that the operation can be performed rapidly and without assistance. The forceps are cross branched, opening by pressure and self-closing. The blades are fenestrated through their entire length. The prepuce having been drawn well forward, the forceps are applied. A threaded needle is then passed through the fenestra and included prepuce making as many stitches as are necessary, but leaving the thread long and loose. The prepuce is then cut off close up to the forceps. The thread is divided both between each stitch and between the two edges of the prepuce, thus giving as many threads as may be desired. By drawing each of these together the mucous and skin surfaces can be accurately approximated.

**IRRIGATION OF THE COLON.**—The feasibility of distention of the whole colon must have occurred to everyone who has examined the viscera even with average care, but while it is known to be possible it does not seem to be used as much as its ease and efficiency would warrant. Suggestions in the matter therefore are valuable at this time of year since we are approaching the season when inflammations of the colon are common. Dr. Chas. W. Dulles, in the Medical News, points out the usefulness of this mode of treatment, and also its application. The patient is placed on the back with the pelvis a little elevated.

According to the age of the patient, a flexible catheter or a stomach tube is introduced into the rectum. To the tube is attached flexible tubing connecting with a reservoir, the height of which can be varied as needed. As the rectum slowly distends the tube can be carried further up and so on until the whole colon is distended. The fluid may be medicated and can be retained for some time, and the whole large intestine can be thoroughly washed out, removing irritating, undigested food, worms, flatus, etc. This method of treatment is undoubtedly valuable, but great care must be used and no force. We must emphasize the last statement; take plenty of time and use no force. The intestinal mucous membrane is delicate, and laying aside all danger of perforation, strings of it have been dragged away by careless nurses. It is hardly necessary to say that no nurse should be trusted with this procedure.

**FOR THE RELIEF OF CONSTIPATION.**—Dr. Benjamin Lee mentions two little expedients which may be of practical value and worth attention. Constipation is often difficult of management. When the difficulty is rectal the means suggested (*Medical Bulletin*) as aids are: First, that firm pressure be made against the probulgent mass outside of the external sphincter to convert the concavity of the pouch into an inclined plane. The most efficient point is just to the left of the sphincter posteriorly. Second, the ordinary shape of the closet seat materially embarrasses the sphincter and adds to the muscular effort necessary by crowding the soft parts down and upon the sphincter. The closet seat should contain simply a long narrow slit wide enough to allow plenty of room for the passage of a large fecal mass and no wider. Seated upon such a support, the nates are pushed apart, rather than forced together, and an impulse to evacuate will be noticeably excited. The border of the opening should be rounded but not bevelled.

**OBSTINATE MALINGERING.**—Dr. Thomas F. Houston, of Clarkesville, Ga., publishes (*Medical Record*, Sept. 2, 1881) a case of most obstinate malingering. The man was a thief and convicted of his crime. To avoid punishment he feigned insanity. After incarceration he took to his bed and refused to speak a word. The man voided his excretions as he lay, and the result was severe excoriations. Soon gangrene was induced, and both feet were amputated. The patient afterward admitted that he was malingering.

**DISPLACED LIVER.**—*Truly varium et mutabile semper femina.* From a clinical lecture by Dr. Peters reported in the *Medical Gazette*, we notice the following: The patient was operated upon the first time for supposed hydronephrosis. Upon the second operation liver structure was found presenting at the abdominal opening. The patient died and the autopsy revealed a complete displacement of the liver and all the abdominal viscera. The long diameter of the liver corresponded with the axis of the body, the lower border of the right lobe was found at the anterior superior spinous process. The kidney was pushed to one side, and the colon and small intestines were for the most part crowded into the hollow of the left side of the pelvis. This case must have been a very trying one for abdominal palpation and yielded curious results.

**LARYNGEAL WHISTLING.**—In the *Boston Medical and Surgical Journal*, Dr. G. O. Roe reports the case of a lady who could whistle tunes with the larynx. The following laryngoscopic appearance was noticed: The vocal cords were drawn tense and the chink of the glottis nearly closed. The ventricular bands were approximated and puckered up, leaving an elliptical opening in the centre through which the vocal cords could be seen with their edges vibrating. A similar action was found in a number of ventriloquists.



**VERTICAL BANDS SITUATED AT THE VULVO-VAGINAL ORIFICE.**—Some curious cases of the above occurred in the practice of Dr. de Sinèty, the full account of which will be found in the *Annales de Gynécologie*, August, 1882. The first case was a young woman admitted to the hospital suffering from gonorrhœa. A vaginal examination revealed a strong Y-shaped band at the vulvo-vaginal entrance the tail of the Y immediately within the fourchette and the bifurcated end at the top of the vaginal orifice. Under stimulants, this band altered its dimensions and form exactly like the uvula, proving the presence of muscular fibres. Several other cases are related with slight variations, the band not being always attached at both ends. This peculiarly-shaped hymen is of interest, as it readily exists after sexual intercourse, and would form an obstacle in parturition.

**CACTUS GRANDIFLORA.**—Dr. Harvey L. Byrd claims better results from this drug in sub-acute and chronic rheumatism than from any other remedy used. The dose prescribed is eight to twelve drops of the fluid extract every three hours *pro re nata*.

**VACCINATION.**—Dr. W. M. Welch (*Medical Times*) calls attention to the evils resulting from impure virus. The subject has been discussed over and over again, but too much stress cannot be laid upon it. The wholesale use of putrid or even impure virus has caused so many deep phagedenic ulcers, so many terribly sore arms with symptoms of blood poisoning, that the profession must needs give attention to it.

**TEST FOR ATROPIN AND DATURIN.**—If a specimen of either Atropin and Daturin or of their salts be covered with a little fuming nitric acid, evaporated to dryness on the water bath and when cold moistened with a drop of a solution of caustic potassium in absolute alcohol, a violet color is at once produced, which soon passes into

a fine red. The violet color only is characteristic since strychnia, when similarly treated, gives the red. According to Zeit. f. Anal. Chem. one millionth of a gramme of atropia sulphate can be thus detected. None of the other alkaloids act similarly.

**LYSSOPHOBIA AND TOBACCO.**—A case is reported from Indiana in which a patient was bitten by a dog alleged to be hydrophobic. It was (*American Medical Weekly*, August 12, 1882) evident, however, that the dog was suffering from epilepsy, due to heat, and the patient suffered only from the effect of an excited imagination, well called lyssophobia. Since his illness the man has developed a fondness for tobacco, and as might be expected this exerts a soothing influence on his disease. The case is at present under the care of an irregular practitioner, and will doubtless ere long be reported as a case of lyssophobia cured by tobacco.

**A MEDICO-LEGAL QUESTION.**—The *Medical Record*, Sept. 2, gives a curious medico-legal question, which has recently been raised in the Swiss courts. A young girl claims to have been mesmerized and her person violated. She was delivered of a child at the Maternity Hospital. Dr. Ladame was appointed to investigate the matter. There exist only four cases reported in medical literature. In one case the plea was asserted to be a fraud, as the woman was able to give a full account of the affair. The other cases showed that violation could take place during "nervous sleep," without the knowledge and against the desire of the woman.

**THE REST CURE.**—Dr. W. S. Playfair in his address to the British Medical Association at Worcester August 9th, 1882, (*British Medical Journal*), heartily endorses Dr. Weir Mitchell's treatment of hysteria, and in fact all cases of neurasthenia, by the rest cure. Knowledge, it seems, bears fruit outside of the island.

**CUNDURANGO IN CANCER.**—Dr. A. Hoffman (American Medical Weekly, August 12, 1882), gives the following list of cases of carcinoma treated in the hospital at Basel, Switzerland with cundurango. For the last three years all cases of gastric and intestinal cancer were treated exclusively with cundurango. There were treated with cundurango twenty cases in all; of these, two remain unimproved, eight improved, and ten died from the disease. There were one hundred and eight treated without cundurango; of these, twenty-eight were unimproved, ten improved, and seventy died. No very dogmatic conclusions can be drawn from these figures.

**BRIGHT'S DISEASE.**—Another case where an "off-hand" diagnosis may be wrong will be found in the albuminuria of Bright's disease. Dr. Alonzo Clark calls attention to the fact in the Medical and Surgical Reporter. A urine may be examined one day and found to contain not a trace of albumen, but it is too hasty to say that the patient is not suffering from Bright's disease. The urine should be examined every second or third day for three or four weeks, because the microscopic, chemical and clinical symptoms are often absent for two or three weeks in a case that is really confirmed and then will come again.

**VARICOSE VEINS.**—One of the most difficult conditions to cure is that of varicose veins. In fact, we may say, the systemic condition or tendency thereto can never be cured when once pronounced. As an effort at radical cure, Dr. T. M. Markoe proposes the ligation of the varicose veins, and the excision of the ligated portion keeping the limb elevated and controlling any bleeding by pressure upon the cut ends. A full report of the operation will be found in the Medical Gazette, September 2d. Dr. Markoe says truly the operation is not a new one, but he claims that it is too little used. The operation has met with good results and is worthy a trial.

**ARSENIC ACID AND SUGAR.**—A solution of sugar mixed with one of free arsenic acid and allowed to stand for some time acquires a rose color which passes gradually into a purple red. Milk sugar, grape sugar and mannite give the same reaction, while starch and gums produce no effect.

**ETHER PARALYSES.**—Arnozan (Journal de Médecine de Bordeaux American Medical Weekly, August 12, 1882), has recently examined the paralyses produced by hypodermic injections of ether, and has arrived at the following conclusions: First. The hypodermic injection of ether into the muscles causes paralyses of those muscles. Second. These paralyses, offer great analogies to the peripheral paralyses. There is suppression or diminution of faradic excitability and return of voluntary motion *pari passu* with the faradic excitability. Third. These paralyses may recover spontaneously, but even then, with great slowness. Their recovery under galvanism is much more rapid. Dr. Arnozan is inclined to believe paralysis is due to the peripheral action of the ether.

**DIGESTION OF FATS AND CELLULOSE.**—Ducloux (C. R. 94, 976) claim that the emulsion of fats in the pancreatic juice is not the action of a specific emulsifying ferment, but is a purely physical process. On the other hand the digestion of cellulose in the higher animals depends on the presence of an organized ferment similar to the amylobacteria described by Van Trighem.

**ERYTHROXYLON COCA.**—This is a shrub growing in various countries of South America. It has long been used by the natives to enable them to endure fatigue. Dr. A. C. Mason, in the Boston Medical and Surgical Journal, reports the results of an extended series of experiments made upon himself with the drug. The coca leaf contains coca tannic acid, cocaine, a crystallizable alkaloid and hygrina, a thick, pale yellow oil. The drug



appears to act somewhat as *Cannabis Indica*, but a careful physiological study of its action is yet to be made. It seems in some way to enable the system to endure fatigue; at least such is the result of extended experiment by Dr. Mason.

**INJECTIONS OF THE VIRUS OF HYDROPHOBIA INTO THE CIRCULATION.**—The experiments of M. V. Galtier, translated by Dr. Sternberg (*Medical Record*), are curious rather than practical. In studying hydrophobia, he has noticed that the virus of rabies injected into the veins of a sheep, has never caused the disease. Moreover, the animal so inoculated was incapable from that time forward of contracting hydrophobia, no matter by what means the poison was introduced into the system. The experiments appear to have been carefully performed, but the period of time elapsing after the experiment, was not long enough, to say that rabies was not still latent in the system.

**THE SMOKE TEST FOR DRAINS.**—This test is being much used in both England and Scotland, and is very satisfactory. It is applied by a small machine with powerful fanners, which blow the smoke of ignited cotton waste, saturated with oil, into the drainage system, and in due time the smoke issues from all defective points and imperfect drips, showing clearly where the fault lies.

**ANTE-NATAL SINGULTUS.** — In the *Medical Brief*, Dr. Cecil calls attention to the efforts which the foetus makes at inspiration owing to some fault in the placental circulation or in the oxydization of the mother's blood. It is stated that the liquor amnii loses its specific gravity from some cause and that pressure may be exerted upon the cord from the foetus sinking and resting upon it. The idea is ingenious to say the least. The treatment would be as indicated a tonic and laxative one for the mother and the knee breast position occasionally to take off this pressure.

**CARDIAC MURMURS.**—"Do not be too certain when a cardiac murmur is heard, that it is due to organic disease." This is the advice Dr. J. M. Fothergill gives in the *New England Medical Monthly*, and it is good. Nothing is gained by frightening the patient, and should the diagnosis be incorrect, it adds nothing to the physician's reputation, to find his prognosis of early death not verified. The significance of a murmur cannot be measured according to its intensity. Many murmurs, even organic, pass away as the patient improves under judicious treatment.

**HYPODERMICS OF WATER.**—This subject is not by any means a new one. In fact every few years we see it called up, but nevertheless, it is of value at times. When patients are accustomed to the taking of morphia hypodermically the injection is sometimes efficient without the morphia. Dr. Radcliffe, in the *Medical News*, gives the history of an hysterical woman in whom the above procedure was successful.

**TREATMENT OF MALIGNANT GROWTHS OF THE MAMMÆ.**—Electricity and iodide of potassium are claimed by Professor Mariano Semmolo as effective means for curing malignant growths of the mammæ. A galvanic needle is introduced into the growth and a weak current of electricity allowed to pass through it for some time. The séances should not exceed three per week. Large doses of iodide must be given meanwhile to modify nutrition. Cure is obtained by cicatricial tissue, by colloid or fatty degeneration, by sloughing.

**ACID PROOF CEMENT.**—Any one who has worked with the battery knows what an annoyance it is to have the cells continually leaking. A good cement can be made from one part cautchouc and two parts of linseed oil, melted together, and the mass thoroughly mixed with white bole until the proper consistency is obtained.

**EPIDEMIC WAVE.**—In the *Medical Times and Gazette* is the report read by Dr. Arthur Ransom before the Epidemiological Society of London Wednesday, June 7th, a paper on *The Form of the Epidemic Wave, and on some of its Probable Causes:* First. The course of an epidemic through a country may be compared to a wave rising and falling—again to rise after an interval which, in the same disease, is remarkably singular. This observance of “periodic times” is probably due to the fact that a certain density of the population at the susceptible ages is necessary before a disease can spread with the vigor of an epidemic. (See “Epidemic Cycles,” *Proceedings Lit. and Phil. Society*, January 27, 1881.) Second. In some diseases, such as scarlet fever and whooping-cough, and perhaps smallpox, there is evidence in the hundred years or more of mortality returns from Sweden, of more widespread variations in course of these complaints—a variation of fifteen to twenty-five years in the case of scarlet fever; of fifty years in whooping-cough and smallpox. No explanation could be given of these latter variations. In scarlet fever it was supposed to be due to the susceptibility of adults to this disease. The form of the epidemic was best to be studied by means of a regular registration of disease, such as was in use in St. Marylebone and Manchester, in Preston and Birmingham, not from mortality statistics. From these data it was observed: Third. That the curve of an epidemic is usually very irregular, and its oscillations were shown to be due (*a*) to the lighting up of fresh centers of infection; (*b*) to the variations in sanitary conditions, and (*c*) to atmospheric influences, affecting equally two distant places, the coincidence of curves in Manchester and London being very striking. Fourth. A pre-epidemic period of several months, or even two years, was found to exist in smallpox and scarlet fever, and a shorter period in whooping-cough and measles. This preliminary period was probably due to the

need for the establishment of many distinct centers of infection. A recrudescence of the epidemic was often to be found, and this was probably due to a fresh intensification of previously attenuated virus; perhaps, in accordance with M. Pasteur's observations, in consequence of the deaths of very young or enfeebled persons. Six. The general form of the epidemic wave might partly be accounted for by the theory of infection spreading like a spark in tinder, but it was more probably due to a steady attenuation of the virus in passing through a succession of individuals. Seven. The preference of certain epidemics for different seasons of the year was usually to be explained by the prevalence of diseases, at those seasons, of organs chiefly affected also by epidemic disease. A local predisposition to the disease was thus established, and we might thus explain the “epidemic constitution” of certain years, and the “pestilential type” of disease common during epidemics.

**LESION OF THE ISLAND OF REIL.**—An interesting case is given by Bourneville and Bonnaire, in which a man, aged thirty-four, was suddenly seized with left hemiplegia (*Archives de Neurol*, No. 8). The attack took place twenty years before his admission into Bicetre. Six years after the paralytic seizure the patient became subject to epileptic attacks. When the man came under observation he was suffering from hemiplegia, with contracture; the arm and leg were a good deal wasted, and there was a perforating ulcer on the sole of the left foot. The tendon-reflexes on the paralyzed side were much exaggerated, and there was spinal trepidation. There was no disorder of sensibility, but the intellect was much impaired. The necropsy showed, on the right side, atrophy of the posterior part of the third frontal convolution, of the two ascending convolutions of the globule of the gyrus angularis, and of the entire island of Reil. The first and



posterior parts of the second temporo-sphenoidal convolution were also involved. The island of Reil was replaced by a kind of gelatinous membrane of reddish color. The parts above named were simply atrophied, and presented no change of color. The right corpus striatum and optic thalamus were considerably reduced in volume. Secondary descending degeneration was visible to the naked eye in various regions through which the pyramidal tract passed.

**CURIOUS LOSS OF MEMORY.**—In the *Scientific American* we notice the following: An English scholar, during a holiday excursion in the Hartz Mountains, subjected himself one day to a severe physical strain, which produced a singular mental disturbance. He was on his feet from morning till night, and in the course of the day's wanderings made several arduous ascents, taking no rest, and neither eating nor sleeping. At night, when he reached a place where he could supply his needs, he was unable, to his great astonishment, to recollect a single word of the German language, although he ordinarily spoke it with fluency. His memory did not fail him in any other respect; he knew his own language as well as ever, and recalled perfectly all the incidents of the day. As soon as he had thoroughly rested, and had eaten the food which he procured by signs, the German returned to him completely. It is probable that such temporary aberrations of memory are more frequent than is commonly supposed and that they may help to account for some of the otherwise unaccountable failures of men in responsible places to do their duty. An engineer, or switchman, or signalman, whose hours of labor are excessive; who has been nervously exhausted by domestic anxiety or bereavement; or who has criminally wasted his strength by dissipation or lost his sleep by unwise frolicking, is liable at any moment to forget the simple duty upon the right performance of which may

hang the safety of hundreds. If it were not for the fortunate circumstance that routine duties become so wrought into the organism that men will perform them automatically, the overtaking of men's energies by corporate selfishness, or individual misfortune or folly, would much more frequently result in disaster.

**PROPRIETARY MEDICINES.**—It is plain enough that no good physician in regular standing would belittle his high profession by becoming a proprietor of any medicament, but what can we say when it comes to recommending such? Upon taking up any medical magazine we are confronted by the names of prominent gentlemen of the profession appended to patent medicines. That the sale of these drugs is a growing evil and one which has assumed gigantic proportions is self-evident, and the feeling is growing among the profession that some step must be taken to limit it. It is also evident that as yet we have not reached any satisfactory means of procedure.

**EXAMINATION OF FLOUR FOR ADULTERATIONS.**—According to Vogl (*Zeit. f. Anal. Chem.*) a mixture of seventy per cent alcohol with one-twentieth its volume of hydrochloric acid affords an excellent agent for testing the purity of flour. About two grammes of the flour in question are to be shaken up in a test tube with the mixture and allowed to stand. Pure wheat or rye flour remains white, or at most slightly yellow. Barley and oatmeal give a straw yellow liquid. Corn produces an orange color, while bean meal gives a purple red. In this country about the only flour adulterations practiced is with cornmeal, and now that corn is as dear as wheat that will not be very frequent.

The weight of the soot hanging over London on a winter's day, is fifty tons, that of the carbon dioxide is five times fifty tons.

**TYPHOID FEVER CONTAGION.**—Tizzoni (*Anuali Universali di Medicina e Chirurgia*, American Medical Weekly, August 12, 1882) has recently studied typhoid fever contagion, and after an extended series of experiments comes to the following conclusions: First. The insoluble organic matter obtained from potable water by simple filtration may produce all the principal clinical and anatomical phenomena of typhoid fever if injected in distilled water beneath the skins of animals. Second. The anatomical lesions of this experimental typhoid are produced by the presence of micrococci. Third. In some cases only slight symptoms are obtained. Fourth. Typhoid infection may be transmitted from animal to animal by the injection of blood. Fifth. Typhoid virus has an elective action on the intestinal tube even when injected hypodermically. Sixth. The soluble or insoluble substances found in the air do not produce typhoid fever when injected sub-cutaneously. Seventh. Typhoid phenomena are absent when the local injection produces local suppuration. Eighth. The infecting substances lose their infectiveness when kept two months in a closed vase, and when the micrococci in them are no longer active.

**HERNIA.**—When taxis fails in hernia, it is well to try position. Place pillows under the patient's nates and remove everything from under the head. It would seem advisable also to flex and elevate the thighs.

**GASTRIC DIGESTION.**—The American Chemical Journal (4, 3, 215 pp.) contains a review of an exhaustive study of gastric digestion made by Schmidt Mülheim, under the direction of C. Ludwig, of Leipzig, and published in Du Bois Raymond's *Archiv. of Physiol.* As a result of these investigations it is found that gastric juice digestion continues for a much longer time than is generally supposed. Even after nine hours digestion, unaltered food is still found in the stomach, food, too, which from its finely divided condition

and by boiling has been changed to the easiest state of digestibility possible. Only after twelve hours can gastric digestion be considered as finished. It also appears that in the products formed during digestion the peptones at all times exceed in amount the dissolved albumen, and that the relative proportion of these two products is not materially altered during the digestive process. The total quantity of peptones and dissolved albumen, moreover, remains about the same during the whole time, which shows that after the formation of a certain quantity of these products their removal keeps pace with their further production, and thus the equilibrium is preserved. In intestinal digestion it is found that the contents of the intestine have at all times an acid reaction. This was true both with the liquid contents of the upper intestines and the semi-solid materials in the lower ones. This result, which is contradictory to the prevalent idea that the three alkaline digestive fluids, bile, pancreatic and intestinal juices, are sufficiently strong to render the entire contents of the intestinal canal alkaline, has an important bearing in pancreatic digestion. While in alkaline digestive fluids putrefaction soon shows itself with simultaneous formation of crystalline decomposition products, together with large quantities of indol, the digestion of albumen by an acid pancreatic juice is more analogous to a pure digestive process, since it is well known that pepsin is powerless in an alkaline medium.

**AMYL NITRITE AND MENSTRUATION.**—Dr. A. T. Bacon (*American Medical Weekly*, August 12, 1882) reports the case of a married woman nursing an infant, who, on entering a room where amyl nitrite is being inhaled, and the atmosphere of which is in consequence impregnated with the drug, finds that the menstrual flow at once commences, and that on her leaving the room, and being no longer under the influence of the drug, it immediately ceases.



**THE SUB-LUXATION OF THE FOURTH CERVICAL VERTEBRA.**—The patient was sixty-three years old. In a fit of despondency he hanged himself, fastening a rope in his room and jumping out of the window. The fall was eleven or twelve feet. Dr. Bardwell reports the case in the *British Medical Journal*. Upon examination the patient was almost entirely unconscious, breathing seventeen to twenty per minute, pulse twenty-four. Tracing the cervical vertebræ upward, the fifth was decidedly prominent and then a break with a deep depression. No effort was made at reduction. Only a low pillow was allowed to which the head was fastened by bandages. In a week's time the cervical vertebræ had nearly resumed their normal position, slowly reduced, it was thought, by the elasticity of the inter-vertebral fibro-cartilage. By the end of the second week the patient was discharged well and with no permanent injury.

**AMPUTATION FOR TRAUMATIC GANGRENE OF THE FOOT.**—Dr. C. A. Simpson, in the *Atlanta Medical Register*, gives an account of amputation for traumatic gangrene, from which we extract the following: The patient three weeks before had accidentally cut himself with an ax across the instep of the left foot, the wound extending from the anterior edge of the internal to a point an inch in front of the external malleolus, and probably dividing the flexor tendons, anterior tibial artery with accompanying vein, and external saphenous vein. I found my patient very much emaciated, with an anxious expression, pulse 120. There was a gaping, non-granulating wound, located as described above, discharging a thin unhealthy pus, and a space on the dorsum of the foot extending from the wound forward some two and a half inches by two inches across, free of cuticle; the tissues beneath of a pale unhealthy sodden appearance, and discharging a thin watery pus. Tactile sensibility was very much diminished all over the dorsum of the foot,

while the toes were almost devoid of any feeling. This was a very unpromising state of affairs. I enveloped the foot in a thick layer of cotton batting, except the wound and the denuded space on the dorsum, applied a stiff pasteboard splint to keep the foot flexed, and over this a loosely applied plaster of paris bandage. The wound and denuded space were dressed with carbolized linseed oil. Three days after I took charge of the case, bullæ appeared on the dorsum of the foot near the toes. There was no improvement in the appearance of the wound, no indication of an attempt at granulation, and within the next two days the toes became decidedly gangrenous. The patient was growing more emaciated and weaker every day, with the pulse almost constantly at 120 or beyond. The foot could not be saved, nor would the condition of the patient warrant waiting for a "line of demarcation," so I determined to operate. It was necessary to go high up, making several incisions until sound tissue was reached. After the operation anodynes and stimulants were given as required, with milk, eggs, etc., and quinine grains fifteen to twenty-five per day for several days, till danger of septicæmia had passed. The stump was moistened with carbolic lotion for the first two days, and then ordinary tar water was used. The stump healed rapidly and satisfactorily. I have given as briefly as possible the report of a case which has been of considerable interest to me. I am satisfied if I had waited for the line of demarcation as laid down in the books, this patient would have died. A speedy operation was the only thing that could have saved his life. If the amputation had not been performed high up, there would have been great danger of sloughing, with the possible necessity of an amputation higher up, and under less favorable conditions.

Sometime after this operation I saw in the *New York Medical Abstract* an essay from a clinical lecture by Jonathan Hutchi-

son F. R. C. S. delivered at the London Hospital. He says "In case of traumatic gangrene, ought amputation to be performed without waiting for a line of demarcation? I believe that the reply of most surgeons will be unhesitatingly in the affirmative. Such, certainly, would be my own. The main reason for prompt amputation in such cases is, that the gangrenous process is very dangerous. While the soft parts are dying and the circulation still going on to some extent through them, the blood becomes poisoned by the absorption of gasses and fluids from the putrescent parts, and a most dangerous condition of septacæmia results. Of this state, a rapid pulse, a sunken countenance, high temperature and vomiting are the most constant signs. It is remarkable how quickly they are sometimes relieved by the removal of the dying part. It may be that the process of mortification is also extended by shock to the nervous system, but I suspect that the chief part of the mischief is done through the blood. In the pyæmia which results from phlebitis it is no use to amputate after once the poisonous emboli have been shed from the inflamed vein into the blood. It is then too late, for secondary abscesses will form, whether you remove the original focus or not. In septicæmia from gangrene, however, the case is different. Here it seems to be possible for the blood to rid itself of the contamination and it seems good surgery to remove the exciting cause.

#### DID HENRY VIII HAVE SYPHILIS?—

This question is being actively discussed by certain European and American medical journals. Dr. W. Sykes (British Medical Journal, July 29, 1882,) claims that had Henry VIII been treated with a few grains of blue pill the reformation in England would not have occurred, and many events equally as important would have been prevented, since Katharine of Arragon would not have been divorced. The grounds on which Dr. Sykes bases his

opinions are: First. In 1537 Henry VIII is described as having an inveterate ulcer on his legs. This, in Dr. Sykes' opinion, in a man fairly temperate and with no history of violence suggests syphilis. The American Medical Weekly says that it may do so to Dr. Sykes, but he seems to forget the inveterate nature of the non-luetic varicose ulcer which in 1537 were not as well understood as at present. Second. Henry lost his hair early unlike his ancestors, a suggestion to Dr. Sykes of syphilis, but lascivious men like Henry often lose their hair without having had syphilis. Third. Nearly all Henry's children were still born or died soon after birth. Katharine of Arragon had a miscarriage in 1510. A child born of her in 1511 died a month after birth. In 1513 another child died immediately after birth. In 1514 Katharine miscarried again; again in 1515 and once more in 1518. Were (American Medical Weekly, August 26, 1882,) Katharine of perfect healthy stock this might be pretty strong evidence, but she came from a family rank with degeneracy from intermarriages. She had one healthy child, Mary, whose health was poor. Anne Boleyn miscarried once; some authorities claim from a powerful moral cause, but she had one typical child, Elizabeth. Edward VI had tuberculosis, but this was already existent in the Tudors and Seymours. It is, therefore, clear (American Medical Weekly, August 26, 1882,) that to prove Henry VIII syphilitic the ulcers must be shown not to have been of syphilitic origin and that his alopecia could have had a luetic origin only. It must be demonstrated likewise that Katharine's ancestry was without influence in the production of miscarriages and premature births. The contrast between her child, Mary, and Anne Boleyn's child, Elizabeth, seems to indicate that the mother was all important in shaping the child's health. Dr. Sykes has raised a question of interest, but his conclusions do not clearly follow his conclusions.



## LOCAL.

Dr. A. Reeves Jackson will deliver the opening lecture at the College of Physicians and Surgeons on Tuesday evening, September 26th, at seven and one-half o'clock.

**SOUTH SIDE FREE DISPENSARY.**—The annual meeting of the South Side Dispensary took place at the college building Twenty-sixth street and Prairie avenue, on Wednesday afternoon, September 13th, Dr. E. C. Dudley in the chair. For the coming year, the following officers were elected: Professor E. C. Dudley, president; Dr. H. G. Paine, vice-president; Dr. H. M. Starkey, secretary. Changes in the staff necessitated the election of Dr. Charles Caldwell to the gynecological department, Dr. Lester Curtis to the throat and chest, Dr. S. J. Jones to the eye and ear department. Rapid growth in this laudable work is reported. There were fifteen hundred more patients and eleven hundred more prescriptions given than last year. The Dispensary rooms have been enlarged, and the gynecological department, under Professor Dudley's direction, has been much enlarged and improved.

**CENTRAL FREE DISPENSARY.**—Chicago is not a city to do things by halves. In looking over the statement of the work of the above dispensary we notice that 11,928 patients have been treated and 36,351 prescriptions filled.

There is at present a case of small pox in the State which was imported from Europe. The man crossed in a cattle boat and traveled from New York on a cattle train, thus avoiding detection by the inspectors.

At the annual meeting of the trustees of the South Side Dispensary, held September 5th, the old officers were réelected, viz: Dr. E. Andrews, President; Dr. J. S. Jewell, Secretary.

The first meeting of the Chicago Medical society after the regular summer adjournment will be held October 2d at the Grand Pacific Hotel. Dr. J. H. Etheridge will present a paper "On the Removal of both Ovaries with a report of a case." Drs. D. R. Brower and Lester Curtis, it is expected, will present a paper on the "Pathology of Tetanus." A discussion upon "The Rights and Privileges of Corporation Surgeons" will be opened by Dr. A. J. Coey, who will state a hypothetical case.

Dr. James Nevin Hyde has moved his office from 117 S. Clark St. to 240 Wabash Ave.

During August sixteen thousand and fourteen emigrants were inspected, of whom thirty-one hundred and twenty-five were vaccinated.

The twenty-fourth course of lectures at the Chicago Medical College will be inaugurated September 26th by an address by Prof. M. P. Hatfield.

Fourteen hundred and sixty deaths in Chicago during August.

A QUACK DOCTOR, on his death-bed willed his property to a lunatic asylum, giving as a reason for so doing that he wished his fortune to go to the liberal class who had patronized him.

**SIMPLE TEST FOR CHLORAL HYDRATE.**—Yellow ammonium sulphide gives with moderately concentrated solutions of chloral hydrate an orange coloration gradually passing into brown on prolonged standing. Finally an orange colored precipitate occurs.

**GASTRIC JUICE.**—Chapoteont (C. r. 26, 1882) announces the discovery of the fact that pepsin is a salt, a compound of an organic acid with an albuminoid base. The exact nature of the compound he hopes shortly to demonstrate.

## ORIGINAL CONTRIBUTIONS.

*FUNCTIONS OF THE SACCULI LARYNGIS AND FALSE VOCAL CORDS.*

BY CHAS. H. LODOR, A.M., M.D.

Since the so-called superior or false vocal cords are simply the inner hangings or curtains of the ventricles of the larynx, their use will be considered in common with that of the ventricles themselves. The functions of the sacculi laryngis have been a matter of doubt and also of considerable speculation. From a study of comparative anatomy, it would seem that they add volume to and increase the resonance of the tone by enforcing the lower harmonics whether these actually exist in the tone as produced or are formed by interference of sound waves subsequently. Granting this and also their use, as receptacles for the secretions of the muciparous glands lining their cavities, there appears to me to be another and more important service for them.

There can be no doubt now that the false vocal cords have no part in voice production, that is in the actual production of tone. What purpose then do they serve? Let us consider a moment: Extending backwards and upwards from the cordæ vocales are the pouches already mentioned. They extend from a level with the upper processes of the arytenoid cartilages almost to the upper margins of the thyroid. This seems a large space without definite use. Whether the mouth be held open or shut, powerful compression of the thorax can be resisted without any expulsion of the contained air. This could not be obtained through any closure of the chink of the glottis. It is just here that the false cords and ventricles came into play. It is estimated that not less than five pounds pressure to the square inch can be exerted over the thoracic cavity. To resist this, then, we have the following means: There are muscular fibres extending through the folds of the sac both on its inner and outer walls. These have received various names, but it suffices for my purpose to state that there are muscular slips in the false cords, running antero-posteriorly in a curvilinear direction, with the arc outwards, so that upon contraction the false cords are brought over the current of air expired and nearer to the median line. This upward current catching the loose hanging leaflets inflates the ventricles, and, as there is no outlet for it, exerts lateral pressure upon the inner

walls closing the aperture as folding doors by a draught of air, or more nearly upon the principle of the piston of the hydraulic press. To make this closure perfect the arytenoids must be closely approximated, and this can readily be done from their position, from the intrinsic laryngeal muscles, and their being dragged forward on their articular eminences by the expanding ventricles.

These facts I have obtained from a series of experiments. Placing the fingers just above the superior margin of the thyroid cartilage in the thyro-hyoid space, upon holding the breath, speaking in common parlance, the spaces will be felt to bulge markedly under the fingers. This always occurs, and the whole larynx will be noticed to ascend from the pressure. Again in the excised larynx, passing a few stitches through the arytenoids so as to fasten them, by a little pressure the false cords can be brought over a current of air driven through them and will close as in life, resisting all the pressure I can make with my own expiratory effort. Still further, introducing a mirror into my throat, I watched the semi-rotary play of the arytenoids, and the swinging open and shut of the white shining bands of the vocal cords. Keeping these in view, as expiration was starting, I held my breath. Immediately two soft folds of mucous membrane, the false vocal chords, arched forward, completely closing the superior outlet of the larynx, and shutting off entirely all view of the cords beneath. In connection with this the aryteno-epiglottic folds became tense and the epiglottis tilted backward. Upon increasing the pressure, this motion became still more apparent and the folds of membrane were almost hidden from sight by the bending epiglottis. The little seen was bulged upwards as if blown powerfully from beneath. Upon willing to relax the strain entirely, the false cords were rolled or folded back with a motion resembling the raising of an eyelid, and beneath I saw again the white shining bands with their edges puffed for the instant by the powerful blast of air. Again and again I have repeated this experiment, both with myself and others, and always with the same result.

This action of the false cords will aid in forming high tones. In powerful vocalization the upward current of air catching upon these folds exerts a reactive force



upon the true vocal cords, steadying them and allowing their thin edges in a high tone to vibrate more freely. This fact I have confirmed by observation.

UPON resignation of Baron von Laugenbeck, the Professorship of Surgery in the University of Berlin has been offered to and accepted by Dr. von Bergmann, Professor of Surgery in Würzburg.

### CORRESPONDENCE.

#### *CANCERUM ORIS—GANGRÆNOSA—SUB-NITRATE BISMUTH—AMERICAN DERMATOLOGICAL ASSOCIATION—PRURIGO AND SYPUILIS—PRURIGO FROM VACCINATION—NERVES OF THE SKIN.*

NEW YORK, September 12, 1882.

The practice of holding medical society meetings at watering places seems to be growing. Not only are the general specialistic organizations adopting this practice, but certain of the local societies are following their example.

The Yorkville Medical Society, for example, held a very well attended and very interesting meeting at Coney Island recently. Social features were a predominant characteristic of the meeting, and a very pleasant one. Dr. C. I. MacGuire read the paper of the day on "Cancrum Oris Gangrænosa." This disease is very intractable and fatal. The changes produced are such as rendered the patient disagreeable to his attendants. But little effect has followed the use of various local remedies added to constitutional treatment. Special interest, therefore, attaches to the claims made by Dr. MacGuire as to the value of the local application of subnitrate of Bismuth. Dr. MacGuire, in his paper, said that about the latter part of January nineteen children were admitted to the Refuge in charge of the Sisters of St. Dominic at Sixty-third street and Second avenue, of which he is the medical officer.

The children were in a weak and debilitated condition, occasioned by the bad and insufficient food furnished them, and the polluted atmosphere of the institution in which they were confined in the lower part of the city. From these institutions they were removed upon its being condemned by the Board of Health.

A few days after admission four were attacked by cancrum oris gangrænosa, which ran a somewhat prolonged course, ending in death, despite the use of the usual remedies. Dr. MacGuire passed in review the various methods of treatment adopted, all of which had proven totally ineffectual in his hand. After some weeks a number of new cases occurred, having all very aggravated symptoms of the gangrenous form of cancrum oris. Seeing the uselessness of the treatment adopted previously, he determined to try the effects of sub-nitrate of bismuth applied locally to the affected parts. The result was an immediate improvement in the character of the ulcers and ultimately complete recovery.

From the first appearance of the disease in the institution twenty-four cases were treated; of these the four treated otherwise than with sub-nitrate of bismuth proved fatal; of the remaining twenty treated with sub-nitrate of bismuth, all but one recovered. Elliotson, Rilliet, Barthez, Niemeyer and West regard the disease as almost incurable. West has reported having lost eight cases out of ten; Barthez has saved only one out of twenty, and Rilliet only one out of twenty-one.

Dr. W. V. White, in discussing the paper, was of opinion that subnitrate of bismuth acted as a germicide, and he believed that Dr. MacGuire had opened a new field of inquiry as to its action in other diseases. He was of opinion that the American medical profession paid but too little attention to the germ theory whose bearings on disease were being so thoroughly investigated by European physicians.

The publicity given to the recent cases of typhoid fever in the hotels at Long Branch, has led to a thorough investigation of the hotels along the sea coast in Monmouth County, New Jersey. Complaints have been made against those whose sewerage pipes empty into the Shrewsbury river and its branches. The public precaution of the county has in consequence issued a circular, warning all persons that such sewerage pipes are in violation of the State laws and that use of them will be punished. No little stir has been caused by this procedure.

The American Dermatological Association held its sixth annual meeting at Newport on August 30th, 31st and September 1st. The session was opened by an address from the President, Dr. James Nevins



Hyde, of Chicago. He alluded to the beneficial changes which had been brought about by the Association. That in most of the colleges dermatology was being very well taught. He said that the Association had demonstrated its existence and capability to the country. That it had avoided dangers which beset the path of many ventures and experiments. While its growth in numbers was slow, this was due to the rigidity of its requirements. During the present year the Chair of the Committee on Statistics was to report. This report would embrace sixty thousand cases of the dermatoses. This was a larger number than had hitherto been collected in any country. The value of these figures, collected as they were from widely distant districts of the country, could, in his opinion, be scarcely over-estimated. Dr. C. Heitzman then made an oral communication on "Dermal Myxo-Angioma." The peculiar vascular structure, known as telangiectasis, was very common. It was true angioma, since it consisted of a new growth of vessels. It appears: First, as a superficial form, simple angioma; second, it invades the gland lobular angioma; third, it is entirely sub-cutaneous, cavernous angioma. The first form only was considered by Dr. Heitzman. The vessels of this variety were imbedded in a homogeneous substance which he regarded as myxomatous. And the affection, therefore, according to the nomenclature of the Association, should be termed as myxo-angioma. These excrescences may be extirpated in two ways: If pedunculated they should be cut off by the scissors and cauterized by nitrate of silver-stick or fuming nitric acid; if sessile, the latter should be used. The galvano-cautery had been of some service. The etiology was obscure.

Dr. J. Nevins Hyde then read a paper, "Dermatitis Papillaris Capelliti." This was a localized inflammatory change of the deeper dermal structures. This occurred in patches on the nucha, especially at the junction of the hairy scalp and neck. The patches varied in size to the dimension of the palm. The border was irregular and sharply defined. The surfaces did not present evidence of pigmentation. They were rounded irregularly in shape. When slightly incised in the centre pus would be exuded, followed by thin mucous-like fluid. The cavity when empty would soon be refilled after the pressure emptying it was removed. The disease resembled

kerion, but the parasite of that disease was not present.

Dr. R. W. Taylor, of New York, read a paper on "Psoriasis." He called attention to the fact that Erasmus Wilson was of the opinion that psoriasis was a remote outbreak of syphilis after transmission through several generations. He had been able to find a parental history of syphilis in twenty-five per cent of the cases. In none was the disease in active stage. In one lues had made its appearance fifteen years, and in another the last outbreak of the disease had occurred three years previous to the birth of the child affected by psoriasis. In all cases the psoriatic children had been the later ones; in one case the sister had notched teeth and other signs of lues; the brother born after her had psoriasis. Usually psoriasis shows itself before puberty; he had seen it as early as the second year. Psoriasis is a very inveterate disease, but many cases may be cured if treated early. In young subjects, Donovan's solution had been, in Dr. Taylor's hands, very efficient. Dr. Rohé, of Baltimore, reported cases of Acute General Psoriasis from Vaccination. The first case was a physician, twenty-eight years old, free from any diathetic or skin disease, having in these respects a good ancestral history. Ten days after an unsuccessful vaccination with bovine virus the punctured spot became scaly, itchy and red. During the next two weeks the body, except on the palms and soles, was covered with small, scaly, red papules, which rapidly enlarged. The eruption was most present on the extensor surface of the arms, thighs, and trunk. The itching was so severe as to interfere with the general nutrition of the patient. Arsenic seemed to aggravate the disease, which finally yielded to taraxacum and alkalies. The second case was that of a boy, nine years old, who after successful vaccination with bovine virus developed general psoriasis, which yielded to Fowler's solution in three-drop doses.

Dr. H. G. Pifford read a brief note on "Calx Sulphurata." He confirmed Ringier's opinion as to the value of calcium sulphide in acne, but there was great variation in the salt as dispensed by the druggist. At best its composition was not uniform, and therefore the new pharmacopœia would deal with it under the title of "sulphurated lime." Pure calcium sulphide was a very expensive pharmaceutical curiosity. The non-results from the use of the



drug were due to its defective composition. The calx sulphurate has been useful in infantile eczema, and in eczema mentis of the male, the non-specific sycosis of some authors. The drug seemed in one case to exert a favorable influence on pre-existent diabetes.

Dr. W. A. Hardaway, of St. Louis, reported a case of "Pigmented Dermic Neoplasm," which on microscopic examination by Dr. Heitzman was found to be a myeloma, or pigmented medullary sarcoma of the skin.

Dr. A. R. Robinson, of New York, read a paper on the "Nerves of the Skin," in which he took the ground that the tactile corpuscles were plexuses and not structures in which the nerves terminate. His reasons for this were: First. The medullary nerve fibres not connected with the tactile or Pacinian corpuscles form loops within the papillæ and return to the corium or neighboring papillæ. Second. The non-medullated nerve fibres form loops and plexuses within the papillæ and epidermis and do not terminate by free extremities. Third. In the majority of tactile corpuscles two nerves can be observed to be in connection with it, one at the base and the other at the upper part. Fourth. Instead of a single medullated fibre at the upper part there are sometimes two medullated or two or more non-medullated. Fifth. The nerve entering the base we have seen winding upward toward the apex and forming convex stria which color in gold. Sixth. The nerve within the corpuscle generally retains more or less of its medullated sheath and rarely divides in this situation. Seventh. The complete absence in many corpuscles of any irregularity of fibre contour, hence absence of any structure resembling cangerhans end buds. Eighth. The nerve fibre in connection with the corpuscle at the upper part can be seen to be in connection with the transverse nerve striæ which seem to come from the winding upward of the different nerve.

Dr. J. P. White read a paper tending to support the view that leprosy was contagious. Dr. C. Heitzman discussed the use of ergot in skin diseases. He had found ergot of value locally and internally in several of the dermatoses, including acne and pruritus.

Dr. J. E. Atkinson, of Baltimore, reported a case of syphiloderma papulosum circinatum.

This was a rare syphiloderm which made its appearance during the secondary period of syphilis. Dr. J. P. White reported good results in the treatment of warts by the following: *R.* Extract cannabis indica, ten grains; acid salicylic, one-half drachm; collodion, one ounce. This was applied daily for three or four days. Dr. Sherwood reported a case of pellagra in an Italian sailor.

Drs. H. A. Stellwagen, of Philadelphia, and Drs. P. A. Morgan and W. T. Alexander, of New York, were elected to membership. The officers elected were as follows: President, Dr. R. W. Taylor, New York; vice-presidents, Dr. J. E. Atkinson and A. R. Robinson, of New York; secretary, Dr. A. Van Harlingen, Philadelphia; treasurer, Dr. George H. Rohé, of Baltimore. The next meeting of the association will be held at Lake George on the Wednesday nearest the first of September and the two days thereafter. After the usual general business the association adjourned. I.

## BOOK REVIEWS.

A TREATISE ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF THE SULPHATE OF QUININE. By Otis Frederick Manson, M. D., Virginia; J. B. Lippincott & Co., Philadelphia; W. T. Keener, Chicago, 1882.

The first thing which would attract the attention of the reader of this book, is the antiquity of the dates, extending as they do from 1712 to about 1860. There is a large amount of information given in the book which cannot be found in any other work on the subject, but it is rather of the antiquarian than of the practical variety. Many good instances are given of the action of quinine in malarial odontalgia and neuralgia of kindred origin. Dr. Manson probably states the use of quinine as it should be in a district saturated with malarial poisoning. Certain it is that the average practitioner would shrink from such heroic measures as are cited. In reading the book we are struck with the entire absence of the work done by Prof. Binz, Dr. Liebermeister, Bence Jones, and other recent experimentors. We find no mention of the use of quinine in labor nor its anti-ferment properties. While using the drug hypodermi-



cally, it is not mentioned that troublesome abscesses may and certainly do at times occur. To use quinine in such doses as to decidedly impress the pulse and temperature is not only a dangerous but uncalled for procedure. The same may be said for its use in acute articular rheumatism. When we have such a reliable drug as salicylate of soda one can hardly be called upon to use a remedy whose toxic influence is so marked upon the cerebral centres. The author clearly points out the prophylactic use of quinine, but we can hardly agree with him and acknowledge as proven that it obtunds the nervous system so as to become insensible to the malarial poisoning.

#### TRANSACTIONS of the Medical Society of the State of West Virginia, 14th and 15th Annual Sessions, 1881, 1882.

This pamphlet gives us a good account of interesting work done in the State of West Virginia in the past two years. The State though young has shown to the world a decidedly progressive spirit in establishing a Board of Health and in passing a law regulating the practice of medicine. Judging from the various reports and essays, the members of the society are entirely orthodox on the homœopath question.

#### THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY, Vol. II. Edited by John Ashurst, Jr., M. D., New York; Wm. Wood & Co., W. T. Keener, Chicago, 1882.

This handsome volume fully maintains the high standard which would be expected from the wide learning of its editor and his able corps of writers. The articles contained in this volume are contusions, wounds, the antiseptic method of treating wounds, poisoned wounds, sabre and bayonet wounds, gunshot wounds, the effects of heat, the effects of cold, abscesses, ulcers, gangrene, and gangrenous diseases, venereal diseases, gonorrhœa, chancroid, syphilis, venereal vegetations, and venereal diseases in the lower animals, etc., surgical diseases of the skin and its appendages, diseases of the cellular tissue, injuries and diseases of the bursæ. We can safely say that this volume contains upon the above topics the major part of whatever is of value in medical literature, and current in the practice of the day, in fact a library of itself. It is beautifully illustrated with life-like chromolithographs,

and shows in every particular not only learning and skill but pains-taking care.

#### THE SKIN IN HEALTH AND DISEASE with Treatment, classification and notes on Diet and Hygiene. L. Duncan Bulkley, M. D., New York. Philadelphia, Presley Blakiston, 1881.

The demand for concise and terse text books grows more and more apparent each year. The above little work of but one hundred and forty-eight pages contains an immense amount of very valuable information. So many mistakes in diagnosis are continually being made and so much confusion exists in skin diseases that medical readers will hail with delight any help. The book does not pretend to take the place of such works as Duhring's, but gives practical hints and formulæ for the treatment of skin diseases. Too little attention is very generally given by the average practitioner to the general skin surface, which, to quote Dr. Bulkley's words, "is the largest single excretory organ of the body, and upon the proper performance of its functions depends, to a large degree, the health of the individual."

#### BOOKS AND PAMPHLETS.

W. W. Godding, M. D., Washington, D. C. Two Hard Cases. Sketches from a Physician's Portfolio. Boston: Houghton, Mifflin & Co. 1882.

Otis Frederick Manson, M. D., Virginia. A Treatise on the Physiological and Therapeutic Action of the Sulphate of Quinine. Philadelphia: J. B. Lippincott & Co. 1882. Chicago: Jansen, McClurg & Co.

Donald Maclean, M. D. A Reply to Dr. Foster Pratt's paper on the "Legal Responsibility of Surgeons for Ununited Fractures," read before the Michigan State Medical Society at its annual meeting in May, 1882. Reprinted from the July, 1882, number of the Physician and Surgeon, Ann Arbor, Michigan.

Robert Newman, M. D., New York. Ten Years' Experience in the Treatment of Stricture of the Urethra by Electrolysis. Reprinted from The Medical Record, August 12 and 19, 1882.

L. Duncan Bulkley, M. D., New York. On the Nomenclature and Classification of Diseases of the Skin. Reprinted from the Archives of Dermatology, Vol. VII, No. 4, October, 1881.

Quarterly Report of Medical Officers, United States Army, with their Stations and Duties, as reported to the Surgeon General, July 1, 1882. Washington Surgeon-General's Office.

Eleventh Annual Report of the State Homœopathic Asylum for the Insane at Middletown, New York. Albany: Weed, Parsons & Co. 1882.



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## A SUBSTITUTE FOR THE CARBOLIC SPRAY.

—Dr. A. W. M. Robson, in the British Medical Journal, proposes a blast of medicated air to take the place of the carbolic spray. He has devised an apparatus by means of which a current of air is made by a fan. The air is forced through layers of gauze, moistened with carbolic acid solution. Subsequently he used the vapor of the oil of Eucalyptus. The results obtained, surgically speaking, were not inferior to the spray. The device, though cumbersome, may be of value in hospitals.

**A TEST FOR SIMULATED ONE-SIDED DEAFNESS.**—In the Archives of Otology, Dr. David Coggin suggested the use of Camman's stethoscope as a test for simulated one-sided deafness, having employed it in a medico-legal case three years before when alone, and therefore unable to try other methods. Subsequently (Boston Medical Surgical Journal), owing to the possibility of direct sound conduction by the metallic tubes of the stethoscope, the test was slightly modified, and is applied as follows: Two pieces of soft rubber tubing, one metre in length and eight millimetres in diameter, are required. One end of each is introduced into two metal sockets, while the opposite ends are stretched over the wood tips that ordinarily fit into the sockets; a wooden plug is made to close one of the tips tightly

when forced in, and the test is ready. The claimant says he is deaf in his right ear. The plug is deftly fitted into the left tip, and he is asked to put on the stethoscope. On speaking and whispering in the thoracic cup or mouth-piece, if he is malingering, he hears and answers questions addressed to him, though it is with his right or "deaf" ear that he hears. Now removing the tube containing the plug that is in his "left" or good ear, and make him aware of the fact. Then with the other tube still applied to his right or "deaf" ear (with which he has conclusively shown that he does hear), close the left meatus by pressing the tragus firmly against it. Speak now in the mouth-piece, and he will stoutly affirm that he cannot hear with his right ear. Thus his shamming is exposed. In two instances of this variety of simulation this simple and available test has proved to be effective.

**WOOD AND BLOCK PAVEMENTS.**—It is claimed by a number of recent writers upon public health that the wooden-block pavements in use in many cities have a markedly unhealthful influence. The nature of the evil (Boston Medical and Surgical Journal) seems to be two fold; first, that the blocks being placed with their fibrous ends upwards are saturated by every rain, and retain dampness for a long time, for the reason that all evaporation

must take place from their upper surface, as the lower often rests upon boards or some still more water-proof foundation. In this way there is constantly present a large damp surface which could hardly be better planned for retaining its moisture, and which constitutes an artificial but pretty effective malaria breeder. Such pavements on being taken up very frequently exhibit a white fungous growth upon their lower and lateral surfaces. In the second place, these disadvantages are added to by the fact that it is not simply with water that these blocks are saturated but with an infusion of animal excrement. This, of course, undergoes putrefactive change, and in wet weather the effect is of a layer of rotten barn-yard manure, while in dry weather the particles of dust fill the atmosphere and irritate every tissue with which they come in contact.

#### A SUCCESSFUL CASE OF TRANSFUSION.—

We are any of us liable, at a moment's notice, to be called to one of these dreadful cases of post-partum hemorrhage, and it is comforting to hear of such success as Dr. William Walter records in the *British Medical Journal*. The patient was lying still and unconscious, lips and face blanched, her eyes had assumed a dull and lifeless appearance, her pulse could be felt only at intervals, her extremities were cold and clammy. It was with great difficulty that a vein could be discovered. About four ounces of defibrinated blood were injected. Almost immediately respiration becomes distinctly visible and audible. In a quarter of an hour she became conscious. Her recovery progressed without interruption.

#### MIDWIFERY IN THE SANDWICH ISLANDS.

—A resident in Honolulu, gives the following description (*British Medical Journal*), of the *modus operandi* of the Hawaiian midwife: "The midwives here are, for the most part, men—usually old men. When the woman's time draws near

and labor commences, she is placed sitting on a man's knees, with her back to him. He then clinches his hands over her abdomen and with all his strength hugs the woman to him, until the child is actually forced into the world, falling to the floor between the operator's feet. The umbilical cord is then cut and always left very long. Then the woman is placed upon her feet and the midwife takes her tongue and draws it steadily until she gulps or retches, this action causing the prompt ejection of the after-birth. After this she goes and flounders about in the sea, and returns to land, ready for such domestic duties as may fall to her lot or inclination. Native children are, as may be inferred from the way in which they are introduced to existence, very easily born, but should the baby stick at all or make any bother about being born, the mother knows it is going to be half white, as this latter kind of baby is so much bigger in the forehead. It is a wise child that knows its own father in this country. So well recognized is this fact that natives never ask, who is your father? but only, who is your mother? when they desire any acquaintance with one another's genealogy."

**TREATMENT OF MEMBRANOUS DYSMENORRHOEA.**—Dr. Orsby (*New York Medical Record*) gives five cases of painful menstruation, accompanied by the shedding of flakes of membrane, successfully treated with calomel in combination with opium. His formula is as follows: *R.* Ext. opii, six grains; hydrarg. chlo. mit., twelve grains. Divide in twelve pills, one to be given every four hours till the gums are affected. He regards the known efficacy of mercury in all forms of hyperplasia, acute and chronic, as justifying apriori its exhibition in a complaint in which the hyperlastic element is recognized by pathologists and his practice has completely confirmed this view. Calomel has been the only salt of mercury tried, as it produces its effect rapidly and with little irritation.



**PORRO'S OPERATION.**—Dr. T. Savage reports a case of abdominal tumor in which the symptoms, pain, vomiting, progressive emaciation and distention, were so urgent that operative procedures became necessary. Such operations as this one are rare and not often successful. A full account of this is given in the "British Medical Journal." The tumor was found to be a large fibro-myoma growing out and forming a part of the right side of the uterus. The cavity of the uterus was found to contain a fœtus which was pushed upward and to the left. The ovary and Fallopian tube were found in front of the tumor and almost black from compression. It was thought best to remove the whole mass at once. The stump was secured by a wire clamp and its serous outer surface was attached by silk to the abdominal wound. Recovery after this formidable operation was uninterrupted.

**GASTRIC ULCER.**—In the course of some experiments (Lancet, 1882) on the production of nephritis by the injection of cantharidin under the skin, Aufrecht has made the remarkable discovery that ulceration of the stomach may result from these injections. After the subcutaneous injection of cantharidin, suspended in oil to lessen the local irritation, he found in guinea-pigs a large number of circumscribed changes in the mucous membrane of the stomach. These were at first regarded as merely hemorrhages, but on closer examination were found to be spots of loss of substance, the boundary of which projected above the level of the adjacent mucous membrane. These changes were especially conspicuous in the stomach of a rabbit which died ten days after the injection of two and a half milligrammes of cantharidin. About fifteen small ulcers were found in the stomach, many of them with raised edges, and all filled with blood clot. There were also six circular spots of a dull gray color, sharply limited, without any extravasation. A microscopical ex-

amination showed in the latter the following changes: The epithelium of the glands was paler and less granular than normal; between the glands was a clear amorphous material; the capillaries were distended with blood, whereas, elsewhere they were empty. A similar change was found in the vicinity of the extravasation, and the glandular epithelium here presented irregularity. The extravasations were of uniform brownish-red blood, in which no intact blood corpuscles could be seen. There was no sharp limitation to the blood effused, such as might have been expected had the hemorrhage resulted from the rupture of one vessel. From these facts he concludes that the extravasation is the second stage in the process, consecutive to inflammation, which appears to be the first alteration. Aufrecht believes that these facts indicate that in man a similar sequence may obtain, and that ulcers of the stomach probably commence as inflammation, and not, as is commonly assumed, by hemorrhage.

**PERCUSSION AS A THERAPEUTIC AGENT IN NERVOUS DISEASES.**—Dr. J. M. Granville (British Medical Journal) gives as the result of long experience and careful study of this subject: I. I have rarely failed, in a fairly large number of cases, many of them of several years' standing, to bring the cerebro-spinal and sometimes directly, at others in secondary circuits, the sympathetic ganglia under control, by the application of my percuteur over or in mechanical relation, through the adjacent tissues, with those ganglia. II. I have in no instance failed to produce activity of the bowels, even in cases of previously obstinate constipation; and in many instances I have succeeded within a short period in restoring the periodic evacuation of their contents without recourse to drugs. This success alone places the method on a footing of value in daily practice. III. I can now, in result of my more recent experiments, propagate the vibrations I produce along the trunks and into the

branches of most of the principal nerves from their centers of origin, or call them into action, reflexly through the different nerves connected with those centres. In limited paralysis and even in circumscribed sclerosis this power is of the highest therapeutic importance. IV. I can nearly always arouse torpid centers to action, and thus pave the way for their restoration to states of normal activity. Since it is physiologically certain that nutrition depends on exercise, and every part of the organism feeds in proportion as it works healthily, it is a great thing to be able to act thus directly on the nerve centres which are the seats of energy. V. I can subdue the exaggerated reflex irritability of revolting subordinate centres and replace them under the control of the higher centres, even in cases of lateral sclerosis.

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**ANOTHER REMARKABLE CASE OF TRANCE LETHARGY.**—Dr. G. M. Beard in the *Medical Record* reports the case of a young woman who was picked up in the streets of Paris in a condition of supposed intoxication. For eighty days she did not speak a word and was apparently unconscious. Fifty-seven days after admission she was delivered of a five months' child, and was apparently unaware of the act of parturition. Upon recovery her own statement was to the effect that she did not recollect her journey to Paris nor any of the events up to the time she was found in the streets; but was conscious of what took place after that time, including her accouchement, although unable to speak or move.

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**VIRCHOW ON SOUPS AND BROTHS.**—The distinguished German professor and politician has been accused of being the chief opponent of soup. He says (*Scientific American*) that this is not true, for he had merely said that meat broths are neither nutritious nor "substantial." That if all the meat which one uses should be boiled and soup made of it, the meat would be-

come for the greater part indigestible, and the soup would not be a substitute for it. Ordinary meat broth or bouillon in its pure form can only be recognized as a condiment. By the addition of eggs, flour, fat and other things it may acquire a certain nourishing and heating value. It is, primarily, only a very dilute aqueous solution of substances that are in part of low value as heat producers, such as gelatine, and in part of the stimulating aromatic parts of the meat. Taken warm it is of nearly the same value as coffee or tea, but is inferior to wine, schnapps or beer; it only stimulates the nerves. It has one advantage over every other condiment, namely, it contains no poisonous substance, it is incomparably milder, hence much better adapted to feeble persons; and finally, it can be very conveniently combined with substances that are actually nutritious, and imparts to them an agreeable and substantial taste.

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**LITHOLAPAXY IN WOMEN.**—Dr. Caswell, in the *Medical News*, reports a case of the above, the ease and success of which recommends it to the profession. Under ether, the urethra was dilated, with conical steel sounds up to twenty-nine. Then a fenestrated lithotrite was introduced, the calculus broken up and evacuated through a No. 28 straight tube. The doctor highly recommends the operation as not subject to any secondary effects as in other methods.

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**INTUSSUSCEPTION.**—Dr. J. M. Hobson reports in the *British Medical Journal*, a case of a child suffering with intussusception which was cured by injections of warm water. The child was chloroformed and about sixteen ounces of water were injected, distending the abdomen pretty thoroughly. The operation had to be repeated several times before the knotted intestine was straightened out. The cure was accomplished in a few days.



**REMOVAL OF THE UTERINE APPENDAGES.**

—The British Medical Journal states that Mr. Lawson Tait, at the July meeting of the Obstetrical Society of London, showed fifteen specimens of uterine appendages removed by him since December, 1881, for hydro or pyo-salpinx. The symptoms were pain aggravated by walking, by marital intercourse, and at the menstrual period. Five cases were due to gonorrhœa, and four either due to or aggravated by pessaries. In most the operation gave immediate and complete relief. In all there was improvement; none had died. He objected to the terms "spaying," "castration of women," "normal ovariectomy," because they implied that healthy ovaries were removed, an operation which he had never done. He thought the operation of doubtful value in neurasthenic cases. Of these he had only done four, and at present was not disposed to go further. For myoma its mortality was less than that of lithotomy in the male, and its results were more certain. For the class of cases from which the specimens exhibited were taken, it was the only means which offered a hope of relief.

**MEMBRANOUS DYSMENORRHOEA.**—Dr. Lutand (Ann. de Gynecol) concludes from a study of this subject: 1st. That membranous dysmenorrhœa consists of an exfoliation of the hypertrophied uterine mucous membrane. 2d. The expulsion of the mucous membrane does not take place each month; several months may elapse between each expulsion. 3d. This affection is quite common in virgins and can therefore, not be regarded as the result of conception. 4th. It nearly always causes sterility.

**METASTASIS OF TUMORS.**—According to the experiments of Dr. Wile, published in the Medical Times, the process of metastasis of tumors is now regarded as resting upon an anatomical basis, and the secondary tumors are believed to be the result of

the development of tumor-emboli. The question of dispute here is whether the emboli infect the surrounding tissue by a species of metabolism, and thus give rise to secondary tumors, or whether they grow centrally and produce tumors by virtue of inherent cell-proliferation. Upon this point I would offer the following: In my experiments with tumor particles the particle transplanted never produced any changes in the surrounding tissue indicating any infection, but, on the contrary, it grew independently if it grew at all. In favor of a central growth of the embolus is also the shape of metastatic deposits. It is generally a known fact, among those who investigate this matter closely, that all secondary tumors grow as nodes, and never at the expense of the surrounding tissue. One of the strongest points in favor of an infection or transformation of the surrounding tissue was the observation, that, in cancer around the principal tumor mass in the surrounding connective tissue there existed scattered and isolated cancer nests. These are composed of epithelial cells, and were observed to have no connection with the main tumor. It was, therefore, inferred that a peculiar power of transformation emanated from the primary cancer which transformed the surrounding connective tissue into epithelioid elements. But it has been discovered by Waldeyer and Pagenstecher that the epithelial cells from a freshly-extirpated cancer possess, the power of amœboid motion. This was supposed to explain fully the appearance of the isolated groups of epithelial cells. Yet, these epithelial cancer-nests can be explained in a much more plausible manner, so that the amœboid motion of the cells is not at all necessary. It is a well-known fact that the proliferation of cancer growths follows the lymph-channels of the connective tissue. These lymph-channels run by no means in a straight direction, but travel in the most circuitous routes. For instance, a channel may start from a primary focus of cell

proliferation, describe a curve, and again, reach the level of the primary focus, at the same time the distal end of the curve being some distance from the starting point. Under such circumstances, a section made across the growth in a straight direction shows isolated cancer-foci, which are nothing more than the distal ends of the curving lymph-channels filled with cancer-cells. Of this fact I have convinced myself by an investigation of the mode of growth of my periosteal emboli in the lungs, which presented similar appearances in microscopic sections. I frequently saw isolated centres of ossification which I was unable to explain, until by careful examination of successive sections, I discovered that they were nothing more than transverse sections of extended, curved prolongations from the main or central ossifying embolus.

**PRIZES FOR 1883.**—Académie de Médecine offers a number of prizes for 1883. Among them is the St. Paul prize, of twenty-five thousand francs, which will be conferred upon the person, without distinction or profession, who first discovers a remedy which the Academy acknowledges is efficacious and sovereign in diphtheria. Awaiting the discovery of such remedy, the interest of the sum awarded will be expended every second year in "encouragements for those whose researches on diphtheria appear to be meritorious. Here is a chance for some American worker.

**A NEW WRINKLE IN HYPODERMIC MEDICATION.**—Dr. Huse says that mechanical causes are doubtless at the bottom of the abscesses produced by hypodermic injection. He says (Medical Journal and Examiner) that the cause is purely mechanical. He seems to leave out of consideration the character of wound which the nozzle of the syringe makes, the idiosyncrasies of the patient, and the irritant nature of the chemical injected; but laying aside this, the suggestion he offers for pre-

venting the introduction of foreign matter is a good one. He advises the placing of a very small pledget of carbolyzed, absorbent cotton into the upper cap of the syringe. The liquid being introduced, the cap is screwed on and the air expelled by pointing it upward, and slowly pushing the piston forward till the last bubble escapes. The minutest particle of foreign material is thus caught in the meshes of this improvised sieve.

**SCHOOL HYGIENE.**—Dr. T. J. Hoppel, in an article on this subject in the Medical and Surgical Reporter, gives the proper inclination of the desk for reading or any kind of study to be an angle of about 40° or 45°; for writing, not more than 20°. You can demonstrate this fact by having a child with a normal eye read from a book held to suit the eye, and you will find the angle formed by the book so held with a horizontal line to be about 40° or 45°. Follow nature in these matters. She is generally correct. A movable desk-lid, to fix at 20° for writing and 45° for other purposes, would be a desideratum in our school rooms.

M. MARTINEAU has treated six hundred syphilitic patients by subcutaneous injection of ammonio-mercuric peptone. He has performed 11,000 injections in all; he has never had any mishaps, neither phlegmon nor abscess, even in a patient suffering from diabetes mellitus. He has hardly ever seen any signs of stomatitis or salivation nor any of the phenomena of mercurial cachexia, or gastro-intestinal disturbance.

PROF. R. C. KEDZIE, of the Michigan State Board of Health, is authority for the statement, that the addition of borax to the starch with which fabrics are dressed will render them unflammable. One teaspoonful of borax to a pint of starch is the proper proportion. It is claimed that the gauziest and most inflammable textures, when treated in this simple way, are rendered absolutely flame-proof.



**A DIFFICULTY SOLVED.**—Some years since, and before the observance of the law requiring a return of births to be made to the bureau of vital statistics of Illinois had fallen into its present state of disuse, it happened that a Cyprian, en route from Boston to her home in St. Louis, fell sick in Chicago, but not "of a fever." In her distress she sought relief from the attendance of an accoucheur, distinguished not less for his professional skill, than a conscientious and punctilious observance of every requirement of the laws. Under his care the patient was soon delivered of a fair plump baby. In the forms furnished the doctor by which he was to make return of the birth to the proper authority, was a blank, in which he was required explicitly to state who was the father of the child, and this gave him more trouble than did the forceps delivery. The uncertainty in the case threw him into a condition of great mental perturbation and distress, from which he escaped, with entire satisfaction to his conscientious scruples, by writing in the certificate as the name of the father E. Pluribus Unum. This may serve as a useful hint to others in a like dilemma.

**THE POISON OF MUSHROOMS.**—Professor Roufick, of Breslau, has lately made experiments on the common mushroom, of which the following, published in the "British Medical Journal," are the results: All common mushrooms are poisonous, but cooking deprives them, more or less, of their poisonous qualities. The repeated washing with cold water which they usually undergo to clean them, takes away a portion of the poison, and boiling does the rest; but the water in which they have been boiled is highly poisonous, and should be carefully gotten rid of. Experiments made on dogs, showed that if a dog ate one per cent of its own weight of raw mushrooms it fell sick, but recovered; if it ate one and a half per cent the poison has a more violent but not fatal effect, and if it

ate two per cent it was inevitably fatal. The water in which mushrooms had been boiled was far more poisonous than even the raw mushrooms, while the mushrooms thus boiled could be taken without hurt to the amount of ten per cent of the weight of the dog's body. Washing with cold water does not remove all the poison, so that mushrooms thus prepared are poisonous when taken in larger quantities. Dried mushrooms are still dangerous for from twelve to twenty days, and also the water in which they have been boiled. They require to be dried for at least a whole month, and are only really safe after four months' drying.

**SCURVY.**—Lieutenant Fred. Schwatka, M. D., in an article in the Medical Record on the above subject, gives an exhaustive resume as well as the results of his own experience. After a careful study of the subject he concludes that the antiscorbutic properties of all vegetables reside in some unknown vital principle a statement which is further supported by the fact that raw and unripe potatoes, cabbage, fruits, and green corn, apples, etc., i. e., when they are at their very maximum of vitality, are known to be more efficacious either as prophylactic or curative agents than at any other time, although at this time they are far less digestible than when ripe. And this is no less true in the animal class of food. It is often recommended to drink the warm blood of a freshly slaughtered animal, a popular remedy among Arctic whalers, and no doubt the flesh of it, if partaken at the same time, a mode I have known to be used myself in one case with surprising effect, would be equally efficacious. Raw meat is assuredly superior to that which has been cooked; and in which it is not unreasonable to infer much of its peculiar vitality has been lost. Of the same kind of animals, the younger and more vigorous are the best, and of different species, those of a more active nature, indicative of greater vitality, are to be pre-

ferred. Some Arctic whaling masters believe, and not without reason, that seal and walrus are preferable to reindeer, although the latter is more acceptable to the palate, but the reason of this is because the former animals are nearly always killed right at the winter harbor of the ships by hired native hunters, while the reindeer furnished them are generally saddles of those slain in the autumn, during or before their southward migrations, and kept quite a period before being used. Such meats are generally sufficient to prevent the survy if amply provided, but if the disease has appeared they are slower in their curative powers than that freshly slain. Any process which will destroy vitality itself as boiling, burning, violent chemical action, will, if used in the process of preserving food, do much to destroy its efficiency as an antiscorbutic.

**BLUE MILK.**—The blue appearance which milk sometimes presents after standing a few days, says the *Medical Record*, is due to an organism which is allied to bacteria, and can be transplanted into other samples of milk and various solutions. It thrives according to the proportions of acid present and the condition of the casein. It appears after a certain degree of acidification has taken place and prevents the further formation of acid. The casein must also be unchanged; it is then held in solution during the bluing process. The bluing occurs only in presence of oxygen, and is attended with evolution of carbonic acid.

**THE HYPNOTIC VALUE OF CANNABIN TANNICUM.**—The tannate of cannabin is a yellowish brown powder, insoluble in water, or ether, slightly soluble in alcohol, and easily dissolved in water that has been made slightly alkaline. In the distillation of hemp, two volatile oils are developed, cannabin oil and its hydrate. These are rapidly acting irritant poisons. They are said to be removed in the preparation of

the tannate. In describing the dosage and practical use of the cannabin, Dr. Frommüller states (*Medical Record*) that he has used hemp itself considerably for thirty years, and that there has been a steady increase in the strength of the preparations furnished him. Thus thirty years ago, he began with a dose of eight grains, ten years later he had to reduce it to four, and latterly to two grains. The dose of the present preparation, the tannate, ranges between two grains and ten grains, the most frequent dose being five grains. The drug was used fifty-seven times in hospital and six times in private practice. The patients consisted of twenty-one men and forty-two women, varying in age for the most part between twenty and forty years. Forty of them were suffering from phthisis. The remainder had different diseases, generally of a chronic nature. The common symptoms in all cases was insomnia and it was for its hypnotic effect that the cannabin was given. Good results were obtained in thirty-seven cases out of sixty-three, and moderately good results in fifteen cases. It was called a good result when quiet and uninterrupted sleep came on within an hour after taking the medicine, the patient awakening with no toxic after effect. In twelve cases no result was produced. Many of the patients had been taking opium. From the sixty-three trials thus reported, Dr. Frommüller concludes that cannabin tannicum is a very useful hypnotic, powerful without being dangerous, and one which does not disturb the secretions or leave unpleasant toxic after-effects if given in proper doses. It is very probable that some of our American fluid extracts now in the market will secure about the same results as those obtained by Merck's preparation.

WHAT is the action of disinfectants? was asked of a medical student. "They smell so bad that people open the door and fresh air gets in," was the reply.



**ANIMAL VACCINATION.**—Dr. H. H. Benjafield of Hobart, Tasmania, gives a very novel account of his experience in vaccination, (*Australian Medical Gazette*). The long voyage and exposure of necessity spoiled all the virus that he could obtain. Finally he received some potent virus from Bombay and commenced his work. He vaccinated a number of calves, and in five days began using the lymph. Out of four hundred cases, there was but one or two failures, and two-thirds of these were re-vaccinations. His method of procedure is very simple; he takes young calves, generally under a month old; the inner sides of the thighs, flanks, and around the teats is shaved quite clear of hair, and about fifty insertions of lymph are made. Four clear days intervene, and on the fifth the calf is taken to the doctor's rooms, where a stand has been erected which is like an ordinary wood-horse turned up-side-down and cushioned inside. The calf lying on its back within the horse has its legs strapped to each of the arms. To obtain the lymph, torsion forceps are used. The patients then file in and receive their dose. The lymph is never used after it has begun to assume a purulent type. Not a single case of erysipelas or of phagedenic ulceration has occurred.

**SUDDENLY TURNING GRAY.**—As there is considerable skepticism concerning these cases the following may be of interest (*Popular Science Monthly*): Staff-Surgeon Parry, while serving in India during the mutiny, saw a strange sight. Among the prisoners taken in a skirmish at Chamda was a sepoy of the Bengal army. He was brought before the authorities, and put to the question. Fully alive to his position the Bengalee stood almost stupified with fear, trembling greatly, with horror and despair plainly depicted on his countenance. While the examination was proceeding, the by-standers were startled by the sergeant in charge of the prisoner exclaiming: "He is turning gray!" All eyes

were turned on the unfortunate man, watching with wondering interest the change coming upon his splendid, glossy, jet-black locks. In half an hour they were of a uniform grayish hue. Some years ago a young lady who was awaiting the coming of her husband-elect, received a letter containing the sad tidings of his shipwreck and death. She instantly fell to the ground insensible, and so remained for five hours. On the following morning her sister saw that her hair, which had been previously of a rich brown color, had become as white as a cambric handkerchief. Her eyebrows and eye-lashes retained their natural color. After awhile the whitened hair fell off, and was succeeded by a new growth of gray.

**RHYTHMICAL CONTRACTILITY OF THE SPLEEN.**—Dr. C. S. Roy, London, England, (*Cambridge Journal of Physiology*, 1882), has recently been investigating the changes in volume in the spleen by means of an instrument of his own invention, and has arrived at some remarkable results. He has arrived at the conclusion that the circulation through the spleen differs from that of other organs in one important particular; the force which impels the blood through it is not that of the blood pressure in the arteries. The splenic circulation is chiefly carried on by the rhythmic contraction of the muscles of the capsule and trabeculae of the spleen. This rhythmical contraction is very regular, varying but slightly under any circumstances. Changes in arterial blood pressure have little to do with the volume of the spleen. Stimulation of the central end of a cut sensory nerve or of the medulla oblongata causes contraction of the spleen. Stimulation of both splanchnics, and both vagi causes a rapid contraction; after section of these four nerves, stimulation of a cut sensory nerve still causes contraction. This fact seems to indicate that the rhythmic diastole and systole are maintained by some mechanism within the spleen itself.

**ALCOHOL.**—Physicians too often yield to the popular notion of the value of this or that wine and after the manner of the proprietors of mineral springs, claim some special value for them on account of some inherent excellence so ethereal as not to be discovered by the chemist. The same is true of many of our tinctures. Prof. A. B. Prescott, of Ann Harbor, in speaking upon the matter says, as a substance alcohol is always the same in every mixture of liquor, however prepared or wherever you may find it. I think this is the first conclusion that should be impressed more upon the people. Just as true as an apple is an apple, and a half dozen apples represent those particular apples, though you may mix them up with a basket full of potatoes, or other fruits, they are still apples. So the particles of alcohol are still alcohol and cannot be anything more or less, whether they are in brandy, wine, whisky or wherever they are found. People are sometimes led into mistakes by this term, "compound of alcohol." It is not in a chemical sense that alcohol is ever compounded. The particles of alcohol are free wherever they are found, whether they are few or many, whether it forms one-tenth or nine-tenths of a liquid; wherever these parts are placed they are still alcohol. The liquid may be irritant and corrosive, if the alcohol is unmixed, or it may be in so small a portion as not to be noticed. The painter uses lamp-black. He mixes it up with some linseed oil or turpentine. It is just the same lamp-black. Mix a little of it with white paint or red paint, it does not look like lamp-black, but it is still lamp-black. The particles of it are unchanged, though the general effect to the eye may be very much modified.

**STEALING MEDICAL ADVICE.**—It is very well known that although medical advice is made much sport of by certain of the laity, it is a practice among some to get such advice surreptitiously at an ordinary social interview whenever they can. The

most innocent conversation sometimes conceals an insidious demand, or ends in a direct request for a medical opinion. One day a physician met in the street a gentleman who was accustomed to annoy him in this way. The doctor was stopped and a number of physical troubles were rehearsed. "Great Heavens!" said our Æsculapius in affected alarm, "is that the case? Let me see your tongue." The would-be patient looked around suspiciously, then opened his mouth with some reluctance. "I tell you," said the doctor with apparent irritation, "put out your tongue. How can I make a diagnosis if I only see the tip? There, hold still! Further! Now close your eyes." The patient, conquered, shut his eyes tightly and thrust out his tongue to the utmost. The doctor stepped around the corner quick as a flash, and was troubled no more for advice.

**SEPTICÆMIA.**—The most interesting conclusions to be drawn from the experiments in Berlin point to the fact that septicæmia is only a general term which includes a whole array of morbid processes, and this is very well illustrated (*Med. News*), by injection into the sub-cutaneous tissue of the so-called "vibriones septiques" of Pasteur. Here it has been found that these bacilli to produce their effects, must be introduced below the whole depth of the skin, that is, by hypodermic injections, and that inoculation or surface abrasion will rarely suffice. The effect then is first œdematous infiltration of the tissue at the point of injection, and an extension of the inflammation from this point to the deeper structures. Koch has given the name of malignant œdema, a term which describes its character much better than septicæmia. There are different and highly distinct forms, of micro-organisms, the injection of any one of which will produce a form or variety of septicæmia. We have the vibrios already mentioned, a fine bacillus producing Koch's mouse-septicæmia and a



third form an oval micrococcus, producing the rabbit-septicæmia. A mouse ill with septicæmia acts very much like a man with the same affection. To those of the medical profession who have been watching the progress of events during the last fifteen or twenty years, it must seem evident that further advancement in our science must be made, not in the over-turning of our fundamental principles, but in careful and persistent work in pathology with the microscope.

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**CHRONIC MALARIAL HÆMATURIA.**—Prof. Orendorf recommends the use of strychna under the skin in this disease. This drug, he says, stands at the head of the vaso-motor stimulants, and is especially useful in low vascular tension. It should be administered in full doses that the relaxed vessels may be made so tense as to prevent exudation. By full doses is meant the amount required to produce the desired effect; which is to stop leakage. Therefore, if one-thirtieth of a grain does not suffice push it to one-twentieth, to one-fifteenth, and then to one-tenth, repeating sufficiently often to secure and keep secured the physiological action of the drug.

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**AMYLOID KIDNEY WITHOUT ALBUMINURIA.**—Dr. J. Straus (L'Union Medical) has published a paper on the above subject and submits the following conclusions: First, In certain cases of amyloid degeneration of the kidneys albuminuria may be constantly absent until death. Second, The absence of albuminuria is due, on the one hand, to the absence of a deep lesion (interstitial or epithelial) of the kidney, and, on the other hand, to special localization of the amyloid degeneration. This in such cases bears chiefly upon the vasa recta of the medullary substance and implicates in a minor degree the glomerular vessels. Third. From a chemical point of view, if in a phthisic or an inveterate syphilitic, or a subject of chronic osseous suppuration, etc., we find enlargement of

the spleen and of the liver, but without albuminuria, we are not justified on this account in rejecting the idea of amyloid degeneration of the kidneys. Fourth. Those authors who date the beginning of amyloid degeneration in the economy from the moment at which they observe the presence of albumen in the urine commit a double error, (a) because amyloid degeneration is far from beginning always by invading the kidneys; on the contrary, the spleen and the liver are habitually the first to be attacked; (b) because the kidney itself may be suffering from amyloid degeneration without albuminuria being present. It is then necessary to mistrust calculations by which it has been sought to fix the possible duration of life in subjects afflicted with amyloid cachexia, by making this date from the first appearance of albuminuria.

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**PATHOGENESIS OF SECONDARY TUMORS.**—In a series of articles published in the Medical Times, Dr. Henry Wile gives the results of extended experiments upon the above subject. His researches would seem to prove that the position taken by Dr. Formad in regard to metastatic growths is correct. Using the juices expressed from tumors and injecting them into the circulation he failed to get any secondary growths. The contrary was the case whenever particles of the tumor were present. Thirty-eight experiments made with normal tissues yielded sixteen positive and twenty negative results. He concludes that adult tissue may continue to grow as well as embryonic tissue, and whatever embryonic cells are potentially able to do lies in the power of any living cellular tissue. It is one of the grand principles of modern cellular pathology that all new formations arise from pre-existing cellular elements; and, as the cells of every new formation have their prototype in the living mature organism, it is not unreasonable to suppose that these cells may be the germs of a neoplasm.

**PROSTITUTION IN CHINA.**—It is generally thought the people of Eastern countries are of easy virtue, and decidedly lax in their morals. Dr. F. Carrow (*Maryland Medical Journal*) denies that this is true of China. The Chinese code of morals given by Confucius holds virtue and chastity as sacred. This scarcely is true among the lower classes. Prostitution in Canton is carried on as a business, and on a large scale. The prostitutes themselves are kept in ignorance of their written language, and thus have no way of learning how the Gods frown upon their business. They know no other company than that of their own class, and know nothing excepting that which relates to the life they lead. Female infants are sold for about seventy-five cents. Owners of houses of prostitution come and select the infants which give promise of great beauty or best health and buy them. They have them cared for on boats made for the purpose so as to keep them apart from the world at large. Here they are trained for their future work. At the age of twelve they are put in the society of women who are considered accomplished in the business, and at fifteen they begin the life which is so soon to become a misery. In the majority of cases they go through the different stages of syphilis until tired of life they end it by taking opium, or are worn out by the ravages of the malady.

**CYCLING.**—Dr. A. Wynter Blythe, in a recent lecture gives a very interesting account (*Boston Medical and Surgical Journal*) of the uses of the bicycle and tricycle. Without acknowledging all that he so enthusiastically claims for these machines, we cannot but see that there are some points of decided practical value. In the form of a tricycle, medical men traveling over a level country, have not only a rapid means of locomotion, but a beast that does not tire, and which is not subject to the various ills to which horse flesh is heir. Another point of value is in the fact that

it affords men of the working class the opportunity of living some distance from a metropolis and yet having a cheap and rapid carriage.

**STUDY OF PATHOLOGY.**—Dr. Hughlings Jackson, in his address delivered to the section of pathology at the recent annual meeting of the association, pointed out the absolute necessity of carrying on study of disease of any part of the system side by side with the study of anatomy and physiology. "Young men," said he, "seem to be in danger of forgetting the universal aspects of specialism and the impossibility there is in dealing properly with any branch of study without a simultaneous study of allied departments." In order to obtain accuracy in diagnosis, Dr. Jackson recommends the obtaining of post-mortems whenever possible. His advice is good. Such examinations are anything but flattering and, as he says, a good rap on the knuckles of this kind often opens our eyes to our errors.

**THE RELATIVE CURABILITY OF EPILEPSY AT SALPETRIERE.**—Dr. Ferrand has taken the above topic for the subject of his thesis (*Thèse de Paris*). The observations were made at the great hospital for the chronic insane and epileptics. Eighty-nine cases are reported treated with bromide of potassium. Twelve cases were decidedly benefited, fifty-one were improved, sixteen slightly benefited, and ten received no benefit whatever. The manner of administering the bromide is important. At first two or three grammes are given daily, increasing the dose every fifteen days or every month, until the daily quantity reaches, for women, five or six grammes, and for men six or eight grammes. The use of larger doses than this is severely criticised. Opinions differ as to whether the bromide ever cures epilepsy. Dr. Ferrand finds that many of the accompanying troubles are much modified, such as the nervous state, maniacal deliri-



um, and the insane impulse. The intellectual troubles are also influenced for the better. The most frequent ill results of improper methods of administration are: headache, somnolence, impaired locomotion, gastric irritability, constipation, anæmia, feebleness, etc.

A CASE OF FEIGNED ERUPTION.—Dr. H. W. Stelwagon reports a case of the kind in the Archives of Dermatology. The dearth of published cases of fictitious eruptions would lead one to infer that they are extremely rare. Several have been reported in the past few years. In the case reported, an hysterical female nineteen years of age, there were found a number of elongated crusted patches, some of them parallel on various parts of the body. It was stated that many dispensaries had been visited and much council had been had with no benefit. The eruption had mostly been in parallels. The character and behavior of the lesion pointed decidedly to its artificial production. This supposition was strongly confirmed by the existing hysterical condition. The nails were suspected but were so closely bitten off that they were really harmless. After having the case under consideration for several days the confidence of the patient was won, and upon accusing her bluntly of the true nature of her trouble, and assuring her that the fact would not be disclosed, she confessed. The lesions were produced by the constant rubbing of the finger end, by the forefinger and middle finger. But little force was used, and the rubbing slow; but was kept up for an hour or more. She stated that the operation was not painful, but, on the contrary, the sensation was to her an agreeable one. Her object was not so much to create sympathy as to obtain the pleasant sensation the rubbing gave her; besides the impulse to rub was, at times, almost irresistible. The result was a slight dermatitis, and, in consequence, the crusted lesions described above.

LONG STANDING NEGLECTED UMBILICAL HERNIA.—Umbilical hernia in obese women and those who have borne many children is not a rarity, but such a case as reported by Dr. W. B. Barham (Medical News) is not often seen. The woman for the past four years, to use the language of her friends, had been carrying an immense bag reaching from her abdomen to her knees. On the morning of the day on which the doctor was summoned, the patient as she was ascending a flight of steps ruptured this immense tumor. When seen, about twenty feet of intestines had escaped, and were lying by her side in a mass that would have filled a half bushel measure. The perforation was about three inches in circumference situated near the umbilicus and was constricting the mass tightly. To complete the history of the case without entering into particulars, we may state that the aperture was enlarged and after an hour and a half's hard work, the intestines were replaced, and the wound sewed shut. The patient died in about two hours from shock and exhaustion.

BLUSHING.—In a lecture on the Influence of the Sympathetic on Disease, published in the British Medical Journal, Dr. Ed. Long declares that blushing, a sense of heat, and sometimes arterial pulsation, are ordinary effects on the face in certain emotional stages—anger, joy, shame, bashfulness and timidity. Vulpien believes the emotional centre to reside in the annular protuberance. From this centre, the medulla oblongata and spinal cord are influenced; and thus, according to circumstances, may be caused either contraction of certain muscles of animal life, or a sudden state of muscular feebleness, or disturbance of the cardiac movements, or secretory alterations in the intestines, or co-incidentally with these, some modifications of vascular tone in certain regions of the body, especially of the face and head. Blushing is not always limited to the face. In nervous women it is seen on the anterior

superior part of the thorax, as far as the mammæ, and even to the lower part of the sternal region, and above the clavicles, and over the shoulders. In a patient now under observation, the conjunctivæ redden, tears flow, a dark purplish flush suffuses the face, the neck, especially below the ears, and the whole of the anterior chest to the nipples, if she merely thinks of anxieties that she may, but very improbably will, have to undergo. In this case the purplish blush is not in all places synonymous, but various islets of color are separated by regions of skin of ordinary whiteness, and gradually coalesce; illustrating the observations of other physicians, that the skin is mapped out into small vascular territories, more or less independent of each other, each under the influence of vaso-motor nerves, or even of peripheral vaso-motor ganglionic centres. In a nervous man, whose case is recorded by Vulpian, blushing occurred on exposure, not only over the above-named regions, but over the anterior surface of the abdomen and the upper part of the thighs.

**THE DANCE OF DEATH.**—In a recently published report by the Board of Trade on the overcrowding of emigrants in lodging houses, Dr. Brodie states (British Medical Journal) that he has been personally informed that, when the beds in the lodging houses are full, an itinerant musician is introduced to attract the attention of the sleepers, who are encouraged to rise and join the dance in which those who have been unable to obtain sleeping accommodations are engaged. When this ruse has succeeded in getting those in bed to vacate their places, the beds are then occupied by those who first commenced the dancing, so that the same bed or floor-place may be occupied by different persons during the night. It is not difficult, therefore, Dr. Brodie adds, to comprehend the fearful state of overcrowding that must necessarily exist, and the consequent poisonous state of the air.

**THE NATURAL HISTORY OF DOCTORS.**—M. Colien, (L'Union Medicale) compares the different classes of the medical world to those of the ornithological world, and thinks that Cuvier's classification adapts itself perfectly to the disciples of *Æsculapius*, e. g., First class, The Rapaces. The eagle holds the first rank. Such are our great physicians, our great surgeons and specialists. Second class. The Parasseax, (sparrows, etc.) which includes the medical journalists (diarii) and book-worms (bibliophylaces). Third class. The Grimpeurs (climbers), who can hardly fly at all alone, but are very skillful in making use of the help of others. Fourth class. The Gallinances, of which the representatives are the army surgeon (*iatros eristatus aquaticus*). Sixth class. The Palmipedes, aquatic birds who live in water, upon water and by water. Of these there is a sub-class, the *Saccharum lacti ferendes*, who live upon sugar of milk.

**THE SHARP SPOON IN SURGERY.**—Dr. Pfuhl has given an account in the *Deutsche Militärärzth Zeitschrift*, of the many uses to which a specially devised spoon, with sharp cutting edges, may be applied in surgery. This instrument is not unknown to surgeons, and the serrated spoon in particular has been much employed in America for the removal of uterine polypi. The spoon is not a clean cutting instrument, and it generally leaves some irritation behind: It is painful, and anæsthetics must, as a rule, be employed along with it. It causes considerable hemorrhage also, and, where practicable, Esmarch's bandage is first applied. Its advantages are that morbid tissues can be more perfectly removed. Especially is this the case in malignant growths, in ulcers, and in some forms of skin disease. Upon the skin it is most indicated in chronic torpid ulcers, especially those of the legs. Here the base of the ulcer must be carefully scraped until perfectly healthy tissue is exposed. The hard edges need often to be snipped off with



scissors. The after application of a rubber bandage then helps to secure a good result. In scrofulous and syphilitic ulcers and abscesses the spoon has been used with a most happy effect. The author also recommends it in lupus and epithelioma of the lip. He believes that it cleans the healthy tissue better than can be done by any other method. In such skin diseases as squamous eczema, acne simplex, and sycosis, the spoon is also effectual.

**NOVEL TREATMENT OF ANURIA.**—In *L'Union Medicale*, Dr. Raliquet relates the history of a patient about fifty years of age, suffering from attacks of gout and nephritic colic. He had previously, frequently passed calculi. The Doctor being called to see him, found him in great distress from anuria, which from the history of the case was undoubtedly due to calculi. After all ordinary treatment failed, the following means were adopted: The lower extremities were bandaged with rubber bandage from the toes to the pelvis. The limbs were kept elevated. For a few minutes the patient felt no discomfort, but soon respiration became more frequent, the face swelled, the eyes protruded, there was increasing precordial oppression. When the anxiety was at its height, the patient spoke with difficulty and felt as if suffocating. The bandages were removed as quickly as possible and the distress disappeared. In a few hours urination began and five little calculi were found in the vessel.

**WILL SALTING KILL TRICHINÆ?**—From the *Medical Record* we gather the following: M. Colin and other experimenters have claimed that salting will kill trichinæ. M. Fourment has just contributed evidence to the contrary. He took a piece of meat on April 19, 1881, from some American salted meats examined at the Havre docks and found infested. The meat was put in a flask and imbedded in fine salt. It was then hermetically sealed and not

opened till April 1, 1882. By this time the meat had undergone a year's salting carried to the highest degree, and if we add the time that must have elapsed since it was first put in salt in America (which could not be less than three months), the meat may be said to have been in salt for at least fifteen months. The meat was then cut up into small pieces, and these were placed in water, which was frequently changed to remove the salt, and remained for several hours at a temperature of 71° F. On April 4th, 5th and 6th this was fed to a mouse, which died on the 7th after presenting symptoms of diarrhœa. The intestine was evidently inflamed, and contained sexually developed trichinæ. A second and a third mouse was fed with more of the meat, and with exactly similar results. Several other experiments were made. M. Fourment says that all this shows that the trichinæ were then certainly alive and capable of reproduction after fifteen months of salting; and it is consequently manifest that salting does not surely and rapidly destroy these parasites. They may die in salted meats as well as in any other situation, and thus explain the negative experiments published by distinguished observers, but they may also live a considerable time without our being able to determine the length of the period after which death necessarily follows latent life. But, although salting is thus an uncertain remedy, there need be no danger whatever from trichinosis if only the meat be properly cooked. In no single case—and there have been numerous experiments made—has heat failed to entirely destroy these parasites. Fjord, in Sweden, and Kraffe, in Germany, have both proved that a temperature of 129° F. kills trichinæ, if maintained for fifteen minutes, while 158° F. has been shown by many experiments to kill instantaneously. Only those who neglect the precaution of thorough cooking—absolutely necessary in the case of all pig meat and sausages—need be under any fear of these parasites.

**LAWN TENNIS ARM AND RIDERS' SPRAIN.**

Mr. Henry Morris (*Lancet*, 1882) describes a sprain of the pronator radii teris muscle, due to playing lawn tennis: This sprain Mr. Morris believes is the result of the frequent back stroke whereby the forearm is brought into a rapid and forcible pronation. There is slight swelling and pain on pressure. The application of an elastic bandage is all that is necessary for cure. Rider's sprain is a similar lesion of the adductor longus. It occurs quite frequently from the horseman making a strong grip, owing to some unexpected motion of his horse. In mild cases a long web or leather strap two to three inches broad, and padded, is applied. This strap is passed around the thigh and pelvis, like a spica bandage, outside the clothing and firmly fastened in front. In severer cases where blood is effused no other treatment than bandage and absorbents is ordinarily necessary.

**EXPERIMENTS IN THE PHYSIOLOGY AND PATHOLOGY OF MUCOUS MEMBRANES.**—In a series of articles recently published, Prof. M. J. Rossbach, of Würzburg, has contributed some original facts to the subject of the physiology and pathology of mucous membranes. His researches point, also, to certain new therapeutical methods in treating diseases of these tissues (*Medical Record*). Experiments were made to discover the effect of various drugs and reagents upon the tracheal mucous membrane. A hot bread poultice was applied, then withdrawn and an ice bag substituted. The membrane at once became whitened and bloodless. In one or two minutes this pale appearance changed to blue, showing venous stasis, and at this time a copious secretion was poured out. Upon repeating the applications of hot and cold, the same phenomena were observed, but they came on more slowly and were less marked. Professor Rossbach's experimental studies with various drugs used in treating pul-

monary or bronchial disease, lead to some conclusions that quite contradict ordinary views, if not ordinary experience. As regards the alkalies (carbonate of soda, chloride of ammonium, etc.), for example, Rossbach claims that they do not increase mucous secretion, but the reverse. He experimented by injecting these salts directly into the blood, then watching the mucous membrane. After such injections the mucus was secreted more slowly and in less amount. The favorable action of alkalies in bronchial disease is attributed to a diminution of congestion and lessened secretion which they produce. Rossbach could observe no effect from the direct application of alkalies, as in inhalation. The direct pencilling of the membrane with astringent solutions, such as alum, tannin, nitrate of silver in four per cent solution, caused diminution of secretion and a clouding of the epithelium. Experiments with oil of turpentine gave some interesting results. If air which had passed through turpentine were blown upon the mucous membrane the secretion was diminished or stopped. Direct application of turpentine in watery solution, however, caused an increased secretion with diminished amount of blood-supply. This substance is a most valuable one, therefore, says Rossbach, since it is at the same time an antiphlogistic and expectorant. The chief direct stimulants of the mucous secretion were found to be apomorphine, emetin (from ipecac), and pilocarpin. Of these apomorphine is practically the best and most useful. Of agents which lessen the secretion atropin was found to be most powerful, being able to check the function entirely. Morphine, on the other hand, reduced, by about one-fifth, the normal amount. As a practical outcome of his experiments Rossbach cites a number of cases in which he has used the drugs above mentioned. In his opinion apomorphine is one of the best expedients. Combinations of it with morphine are also effective.



## LOCAL.

## THE MEDICAL COLLEGES.

Chicago's new medical college, which takes the field under the title of the College of Physicians and Surgeons, held its inaugural exercises Tuesday evening, September 28th, in the college building corner of Honore and Harrison streets, opposite the county hospital. After the formal delivery of the keys to the building committee, Prof. A. Reeves Jackson, president of the faculty, delivered the introductory address to the students, during the course of which the policy of the institution was outlined. Anatomy and chemistry are the two subjects which will receive particular prominence during the first year. Mayor Harrison followed the professor in one of his characteristic addresses. The building is of the "Queen Anne" style of architecture, consisting in height of four stories and basement, surmounted by a gothic tower one hundred feet high. The building is as yet in an unfinished condition. There were one hundred and five matriculants at the time of opening.

## CHICAGO MEDICAL COLLEGE.

The opening of the twenty-fourth annual session of the Chicago Medical College, at the corner of Prairie avenue and Twenty-sixth street, took place Tuesday evening, September 26th. The exercises consisted of prayer by Dr. Cummings, president of the Northwestern University, annual address on "The Medical Outlook" by Prof. M. P. Hatfield. About one hundred and fifty students have registered for the present course of lectures. The numerous additions and changes in the faculty have substantially strengthened it. The college building has been renovated and made much more comfortable, alike for the students and faculty.

At the meeting of the Illinois Pharmaceutical Association, to be held at the First Regiment Armory, October 10th, 11th and

12th, there will be a very large commercial exhibit which, it is intended, shall fully represent the various industries of the American drug trade and its branches.

Prof. E. Fletcher Ingalls delivered the opening address at the Woman's Medical College, 337 South Lincoln street, on Monday evening, September 25th. The number of students in attendance is larger than ever.

Prof. Plymon S. Hayes is to deliver the opening address before the College of Pharmacy on Monday afternoon, October 2d.

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TAKING HIS OWN MEDICINE. — Dr. Smith, of Chelsea, Vt., (Medical Record) lately prescribed for a patient who soon after returned ailing more than ever, and suggested that the medicine was poison. Dr. Smith remarked that he had "just as lief take a pint," so putting the bottle to his lips he drank half its contents. Then the doctor's head began to whirl, and he rushed to the drug-store for an emetic which saved his life. It seems that belladonna had been put in by mistake. The patient was not seriously injured. Happily, there is not yet a vacancy for the waiting medical men. Moral—Medicine is for the sick.

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TO GET RID OF MOSQUITOES.—It is stated by a writer in Nature that quassia water is a protection against the attacks of these sirenical insects. He tried a weak solution on a child's face, which had become grievously tormented, and it worked to a charm, preventing the gray-backed suckers from dining on the baby's rosy dimples. All that is necessary is to moisten the face with the solution of quassia. It should be weak for this purpose, for a strong solution of quassia is an active poison to flies, sugar being mixed with it to attract them; but it is not powerful enough to kill the insects very quickly.

## ORIGINAL CONTRIBUTIONS.

*DIPSOMANIA AND ALCOHOLISM.*

BY DR. CH. LASEGUE.

The object of this monograph is to establish the following propositions, viz: There exist, from a medical standpoint, two distinct forms of poisoning by alcoholic beverages; the one dipsomania, the other alcoholism. Very generally these are classes under the common head of abuse of alcohol, but they have not another point of analogy. Entirely independent and separate they are in marked contrast by their etiology, progress, symptoms, and termination. So widely different are they that at no time in the course of the two maladies does a dipsomaniac ever become a victim of alcoholism, or vice versa. In making a careful study of the matter it is not without interest to fix lines of demarcation and to show how these two maladies proceed. This comparative study has a further advantage in finding out what conditions constitute the clinical history of intoxication by alcoholic beverages. All observation upon poisoning by alcohol, which does not amount to the actual besotting of the individual ought not to be taken into account. Otherwise ridiculous mistakes would be made. An observer even, though thus limited very often from lack of knowledge, on account of the insufficiency of his research, does not reckon the poison at its full value, and also forgets the subject upon which it acts. Therefore they make long dissertations upon the special effects of this or that liquor, rich or poor in alcohol. For the same reason they accept the popular opinion that the drinking of wine alone without the use of brandy is entirely inoffensive and that brandy is the more harmful, the more it is adulterated, etc. All these observations are singularly contradicted by experience. He who exposes himself to intoxication, has a reaction therefrom. The substance remains the same, its action differing according to the mode of ingestion, and especially according to the aptitude of the individual. We can illustrate the matter by reference to chemical combination; where the resulting compound will vary in character according as the radical be combined with one or other element. To draw the parallel, the personality of the victim plays an important part, continually changing, varying with

age, with physical accidents, morals and the seasons. It requires investigation to be made continually.

First. I shall examine the dipsomaniac from three points: from his predisposition; from the manner of intoxication; from the consequences which it entails. A man is never a dipsomaniac by constitution, or to speak in common parlance, from birth. Very often, perhaps always, at least such has been the fact in all those cases which have come under my observation, it is the result of undermining of the general health which has laid the foundation of this malady. Invasion of the disease has never been foreseen or suspected. The habits of life of the individual have been sober, regular, sometimes even to exactitude. So great is the surprise at the change that one would scarcely believe it true if it were not seen. Qualities of mind, activity of intelligence, sense of propriety are no more a guard against dipsomania than against cerebral congestions. In the short space of a day a man is changed from a state of sobriety to dipsomania. Nothing parallel occurs in alcoholism. There is another pathogenesis and naturally another pathology. I shall cite briefly certain examples drawn from my own observation. I have seen as I have said, a number of dipsomaniacs, but of many of them I shall not speak. I shall mention those whom I have followed up for the past few years, and these only are worthy of credence. Dipsomania is a great rarity at hospitals where alcoholism abounds. Charged for a very long time with making the first examination of the insane in the department of the Seine, a department almost exclusively given over to the lower classes, I found but very few dipsomaniacs. The trouble I usually find classed under the title of gout, diabetes, etc., I shall risk the assertion that it is a malady neither of imbeciles nor confined to a few. Who shall dare to make mention, or even to think in this connection of alcoholism! Contrary to the general rule in other forms of mental affection, a distant invasion is rare, and is rarely the result of a violent shock to the general health. On the contrary, it is produced by a succession of incidents considered insignificant, and which bear the same relation to the true ictus as do the "paroxysmules" spoken of by Sydenham to the paroxysm of gout. After this point of insidious departure which is discovered by laborious retrospective inquiry,



the incubation of dipsomania goes on from that time forward until the first marked crisis discloses it. The following cases I think will render it unnecessary for me to give any general description:

X. — is dead, aet, sixty years. He was an intelligent man, robust, well nourished, who not only sought fatigue, but made light of it. Of humble origin, he earnestly sought to overcome his difficulties, and obtain a classical education. Family history, good. One evening, six years before his death, he was seized with a fainting fit of short duration, comatosed with collapse, in fact almost unconscious. It is useless to go into further detail, but the attack was followed by incomplete paralysis of the left leg, which never entirely disappeared. He soon became inclined to drink, which had a deleterious effect. He would never go so far as to become the least intoxicated. One day he was discovered in a drunken stupor, utterly unable to return to his home. This was the apparent commencement of the disease. X. — was now a characteristic dipsomaniac, a variety common amongst simple drunkards. He never drank at home, but took advantage of every opportunity, and never drank alone. Utterly unconscious of his progressive inebriety, he made himself an object of ridicule at social reunions. He was not aware of doing anything out of the way in one of these, nor had he any recollection of it afterwards. This condition lasted about three years in spite of the reproaches, advice and supplication of his relatives, and the ill-concealed ridicule of his neighbors. A serious broncho-pneumonia unexpectedly occurred at this time, which was contracted from exposure during a drunken stupor. This was the end of the disease. Both the commencement and end of the malady had neither been provoked nor influenced by any moral cause. Its etiology as well as its cure belongs solely to the domain of pathology. This case represents one of the curable types of an affliction which borders upon incurability. It is for this reason that I have related it first. It shows in an admirable manner how important in the history of the malady is its mode of evolution.

Mme. X——, aetat forty, the mother of four children, living in comfortable circumstances, part of the time in Paris and part of the time in the country. She was of moderate intelligence, equable tempera-

ment, regular habits, a little over-solicitous for her children and her household. At her fourth pregnancy, which occurred six years ago, her health was unexceptionable until the last month, when she was suddenly troubled with insomnia, attributed to the gestation and irritability upon fatigue. Fifteen days after parturation the mother nourished her infant, but insomnia was absolute. Full of fantastical notions, unconscious of all that was going on in the house, she was indifferent to the comfort of her children. Fever was slight. It looked as though one should fear an outbreak of puerperal mania. The mania did not appear. The amelioration of her condition was apparent, and Madame X—— continued to nurse her son uninterruptedly. Two months passed by. One evening the lady disappeared. She had been left alone a little while with her child. The anxiety of the family was extreme, and the neighborhood was aroused by the police. After a night of anxiety she was found dead drunk in a public house several kilometres away from her home. This outbreak opened their eyes. It was found out that Madame X—— went to the cafes and restaurants in the neighborhood, drinking whatever she could get without any predilection for any special liquor. It was very easy then to explain many strange adventures and incidents, the intent of which had puzzled them. A rigid guard was kept over her. She was not allowed to leave her home. Madame X—— did not complain, but, like all dipsomaniacs, seemed perfectly insensible of her condition, excepting that she assumed a humility in order that she might escape. Several weeks thus passed by, and finally the watch was released. Madame X—— escaped and was arrested in a state of vagabondage and drunkenness. This time she was put in a private asylum. The forced absence produced its usual effects. The patient got better, reason and sentiment returned to her. She contrived excuses and made promises, and left the place after an isolation of four months. In a very few days there was another debauch calling for the assistance of the police. This made it impossible to give her freedom. She was placed in the hospital again for five months, producing the same amelioration of symptoms as has been mentioned. She was released, apparently in good health.

In this case, we notice that during the first weeks of isolation her excitability



amounted almost to an acute mania, which was succeeded by a torpor broken only by occasional attacks of irritability. She soon lost her desire for drink, and required little or no watching. At no time in the course of her history was I able to discover anything like alcoholic delirium, even in the mildest shade, nor did any of that characteristic trembling exist. My impression is that there was a cerebral attack definite and independent of drink, at the time of her admission into the asylum.

M. X——, chef. de service in the administration of the state, about forty years old, married, living in a large village of the province where he carried on his occupation. For political reasons he was recalled. He retired into the country, but from time to time revisited the village. He was a man of letters, learned, passionately fond of works of cabinet and occupied his entire leisure in study. In about a year after his recall he suddenly abandoned all his works of preference and shut himself up in his cabinet where he would scarcely answer urgent correspondence and spoke but little. On this account M. X—— came to Paris. One day as he was going to visit his parents, the servants found him lying on the stairs, breathing heavily, and, in fact, dead drunk. On coming to he had a convulsion, a sense of suffocation, shed tears, and then fell into a profound slumber. The attack was diagnosed as a cerebral congestion, but passed off without further sequences. At a second attack, which occurred as he was about to take dinner with the family, his staggering gait and maudling speech was much more characteristic of his trouble, though the drunkenness was less profound. They put the patient to bed, and the next day it was all over. When these attacks were repeated to monotony, the family became alarmed. At my advice, which was accepted by the attending physician, he was put under close watch. The patient went to the cafes and ordered sumptuous repasts. Wearied out at length he would sleep upon the tables and upon awakening would shamle to his abode. This debauch was not repeated day after day with the same prodigality, but not a day passed without some excess. Complete sequestration in the country suspended these accidents which were renewed whenever the patient visited the village.

M. X——50 years of age, now dead. As a child, as a boy and as a young man he

was what one would call a prodigy. At every distribution of prizes he held the first rank. He received the degree of doctor-in-law after a most brilliant examination. After which he abandoned at once his Parisian life, and retired to his estates; running a short political campaign, he was nominated counselor-general and mayor of his commune. He then lived as a rural celebrity, and came to Paris four times a year. There he did not visit his old friends but lived at a third-class hotel. His stay was for about three or four weeks, during which time whenever he would go out, he would return to his lodging completely intoxicated. The proprietor had the run of his habits and indulged him as he never drank at the house. They put him to bed and he arose about midday and commenced again. More than once he was found stretched out upon some road or by-road. At that time public drunkenness was not considered a crime. The attack ended, X returned to the country to continue his idleness, growing more and more lazy as the time for a new attack returned. It is difficult to find a like periodicity. At home, though entire master of all his possessions, he drank but little and was never the worse for drink. One of his debauches at Paris assumed such proportions as to alarm one of his friends, and at my advice the patient was placed in an asylum, where he remained for three months. Little convinced of his cure, I acquiesced in his discharge on account of the solicitation of the patient and his friends. That same evening he was found dead-drunk.

Dipsomania which has lasted six or seven years, which has been prepared by a period of lethargy already morbid, goes forward by open attacks. It is well to note these decisive points because they clear up cases where the intermission is not so marked. I believe facts bear me out in saying that all dipsomania, classed under the head of delirious insanity, occurring at periods, is a malady more of the remittent than the intermittent variety. For the most part attacks of mental derangement thus broken in their course are compatible with the rest of the mental condition which is never entirely effaced as during the onset. These are the forms of mental trouble which embarrass judges and medical experts the most.

M. X—— held a prominent position in the world of intellect, he died when 60 years of age. By nature he was erratic,



but he preserved his habits of study throughout his life. He was a moderate liver, relatively sober, drinking occasionally, but never to excess, fully occupied in his business, and an energetic worker. The first sign of any mental ailment appeared suddenly. While on a journey he suddenly took the notion of entering into a house of ill-fame. He sprang over the threshold, mounted the stairs, stayed a few minutes and hurried off at full speed. On reaching his hotel, he gathered together his effects, paid his bill, and rushed off as if some one was in full pursuit of him. On his return to Paris he was possessed of the idea that he had incurred a disgrace which he could not remove, and that his friends knew all about his exploit and would not pardon him. This phase did not last long however, without neglecting his work, the patient confined himself more and more to solitude. One day, a year, perhaps it was two years, later, the patient did not descend from his room; the porter, alarmed, in company with one of the lodgers, went up to his room and found him asleep on the bed drunk, his cupboards full of empty bottles. Why, they found them under his bed and under his bureau! These clandestine debauches were repeated. It was no uncommon thing to find him with a half burned cigar in his hand and brandy and beer at his side. After his health was completely broken down he was placed in an asylum and died there. In this case we notice the mental perversion upon which the dipsomania was developed. In spite of the enormous quantities of drink ingested, the calculation of which was easy from the number of empty bottles, he did not at any time present the slightest indication of alcoholic intoxication. The preceding case was of a more simple type. In other conditions, the pathological cerebral accidents developed more insidiously or are due to some congenital defects.

[TO BE CONTINUED.]

## CORRESPONDENCE.

*Editor of the Chicago Medical Review.*

In an article in the REVIEW for July 15th, the Health Officer of the Port of New York is charged with "covert opposition" to the appropriation by Congress of the means necessary to the work of the National Board of Health.

Allow me to say in behalf of that gentleman that the National Board of Health has no more active and efficient advocate and supporter than the same Health Officer of the Port of New York. It was largely due to his personal urgency and efforts that the system of inspection of immigrants, to prevent the introduction and spread of small-pox in the United States, was put into successful practices.

At quarantine he has perfected the system of examination and vaccination by Ship Surgeons, so that now scarcely an immigrant reaches this Port who has not been satisfactorily protected by vaccination on ship board.

In view of the action of the lower House of Congress, in so diminishing the appropriations for the National Board of Health as to discontinue the system of sanitary inspection of emigrants on railroads, the Health Officer made a personal appeal to the Senate to continue the necessary appropriation.

It is but simple justice to a faithful public officer, who is also a member of the Boards of Health of the City and State of New York, that this correction be made. Yours, &c.,

STEPHEN SMITH.

NEW YORK, Aug. 7, 1882.

THERE must be something very defective about Pensacola's sanitary condition or something malignant about the type of yellow fever there—else why the excessive mortality compared with that of Brownsville, Texas? This is a question for Boards of Health, for the yellow fever season is not yet over.

"I WOULDN'T be in Egypt," said Mrs. McGill last week, "for all the wealth of Creosote." Seeing a look of astonishment in the faces of her hearers, she added: "Creosote, you know, was an old Roman god, and everything he touched turned into gold."

DR. RALPH WALSH sends us word that owing to increase of duties connected with the National Vaccine Establishment, of which he is the director, Walsh's Retrospect will be suspended until January, 1883.



## BOOK REVIEWS.

**CEREBRAL HYPERÆMIA: Does it Exist?** A consideration of some views of Dr. William A. Hammond, by C. F. Buckley, B. A., M. D., formerly Superintendent of Haydock Lodge Asylum, England. New York: G. P. Putnam's Sons, 1882.

The object of this book is ostensibly to show that no such condition as cerebral hyperæmia exists, and that Dr. Hammond in contending for the existence of a disease "consisting primarily in an increase in the quantity of blood circulating in the cerebral arterial vessels," is basing his physiology and pathology in the pigments of his imagination; that such a disease is an absolute impossibility, and that no respectable authority recognizes such a state as cerebral hyperæmia. At the same time that he does this, Dr. Buckley (p. 28) admits the existence of active and passive cerebral congestions. He does not seem to be aware that cerebral hyperæmia and active cerebral congestion are merely different degrees of the same disorder. We wonder what he understands by active and passive cerebral congestion, if they are not arterial and venous cerebral congestion respectively? But to return to Dr. Buckley's ostensible object. First, the title is expressive of doubt. Then on page 36 he says: "Thus in whatever light we view this problem it is tolerably evident that the existence of this malady as a separate entity is not only not proven but an utter impossibility." On page 37: "Having proven, at least to my own satisfaction, the absolute impossibility of cerebral hyperæmia existing per se in the form which Dr. Hammond claims and names accordingly, I may perhaps justly dismiss any further discussion of the subject." On page 49: "To myself the answer is simple enough, believing as I do, without further proof, in the impossibility of such a condition as the cerebral hyperæmia of Dr. Hammond." And on page 129, he ends his book with this sentence: "And if from such evidence as is here adduced, while I believe strict justice to have been done to the monograph, the reader can convince himself that such a disease as cerebral hyperæmia, in the sense here referred to, has any existence outside Dr. Hammond's imagination, his discernment and reasoning faculties are of an order to which I am a stranger." There are many more to the same effect, but these will suffice to show

that Dr. Buckley accuses Dr. Hammond of creating an imaginary disease. In bringing forward authorities to support the view of the existence of cerebral arterial hyperæmia, we feel very much as if we had set out to prove that there is such a disease as pneumonia. Our object, however, is not to establish the fact that such an affection as the one in question exists. We only want to show Dr. Buckley's ignorance of the literature of the subject, and that in attributing to Dr. Hammond the origination of cerebral hyperæmia, he greatly errs. Dr. Carpenter\* says: "On the other hand, we have a yet stronger assurance in the phenomena of morbid excess of activity in the brain or spinal cord. That an enlargement of the arterial trunks and an increase in the quantity of blood which passes through the capillaries constituting the state called hyperæmia, becomes the cause of an augmented tension of the nerve centres," etc. This, as we understand it, is exactly what Dr. Hammond refers to under the name of cerebral hyperæmia. Ross,† under the section of Hyperæmia of the Brain, says: "Congestion of the brain with congestion of other organs may be either active or passive. The former is also called the hyperæmia of fluxion and the latter the hyperæmia of stasis. Ross's hyperæmia of fluxion is identical with Hammond's cerebral hyperæmia from an increased flow of arterial blood to the brain. Ross then goes on to say:‡ "Active cerebral congestion appears to be more common in males than in females and in adults than in either old or the young. The statistics of Andral and of Hammond tend to show that the disease is, as might be expected, more common in winter than in summer. Heredity undoubtedly exercises some influence in causing cerebral hyperæmia, but it is probable that the influence is indirect rather than direct, as in the gouty diathesis." Ross then describes the arterial variety which, as far as his account goes, corresponds very closely with Hammond's descriptions of cerebral hyperæmia. Dr. Buckley quotes from Hardfield Jones, apparently unaware that this author has a chapter entitled, "Cerebral Hyperæmia," which he opens with the statement, "By this term we understand an increased flow

\* Principles of Mental Physiology. etc., London, 1874. p. 381.

† A Treatise on the Diseases of the Nervous System, London, 1881, vol. ii p. 693, *et seq.*

‡ Studies in Functional Nervous Diseases, London 1880, p. 86.



of arterial blood to the brain." He seems to be utterly unconscious of the fact that another of his countrymen, Dr. S. Milner Fothergill,\* has written a long essay on this very cerebral hyperæmia, and that he says it is the only true kind, and that he quotes Hammond's experiments in confirmation of his views. Many writers on insanity regard cerebral arterial hyperæmia as one of the most prominent causes of mental derangement and that among them Luys† makes a whole division of mental diseases depend upon this cause. We might readily cite fifty other eminent authorities in favor of Dr. Hammond's position. Indeed, till we read Dr. Buckley's book we did not suppose it was doubted by any one pretending to be a neurologist. But there is one other matter which requires a little attention from us, and that is the numerous misquotations which Dr. Buckley makes from Dr. Hammond in order to establish the several points which he deems of importance. Intentional introduction of words into a quotation and leading the reader to believe they were used by the author criticised is what we mean, and we propose to show that Dr. Buckley has employed a weapon which is ineffective, for exposure is sure to come. As an instance of this kind of misquotation we cite the following: On page one hundred and twenty-five of his book he says: "Some fifty years ago Wilks, of Gray's Hospital, London, discovered that bromide of potassium had a powerful influence in allaying many forms of nervous excitement, and since that time it has been extensively adopted by the professor for such purposes. Yet, Dr. Hammond, with characteristic modesty, claims that he was the first to announce this fact to the profession twelve years ago." This is not only a false quotation, but it is used for the purpose of making Dr. Hammond appear to claim a certain discovery which, in fact, he never claimed. What Dr. Hammond says, and it is the language Dr. B. pretends to quote in part, is as follows: (page ninety-eight *Cerebral Hyperæmia*): "The action of any one of these bromides is primarily to lessen the amount of blood in the brain, as I was the first to point out over twelve years ago." Dr. Hammond says, page 54: "The affec-

tion known as chlorosis occasionally presents features similar in some respects to those of cerebral hyperæmia, and indeed there is reason to believe that the former is not only a disease of the nervous system as I pointed out several years ago, but is in no essential respect different from that disease." Again, to make it appear that Dr. Hammond is setting up an unfounded claim, Dr. B. pretends to quote the words "as I pointed out several years ago," and transforms them into "first pointed out this fact to the profession in 1868." Here he inserts the word "first" and changes the rest of the language, and then proceeds to abuse Dr. Hammond for making a false claim. If he had turned to Dr. Hammond's original paper entitled "*Chlorosis; A Disease of the Nervous System*," and published in the *Quarterly Journal of Psychological Medicine* for July, 1868, he would have found Dr. Hammond stating, with reference to the matter, "I claim nothing on the score of originality, and will presently bring forward the statements of other writers who have already promulgated it in a more or less modified form." On page 128 of Dr. Buckley's book he makes Dr. Hammond say that "tea and coffee may be left to one's own discretion." What Dr. Hammond does say is, "tea and coffee may safely be left to the patient's own inclination and experience." There are a dozen or more false quotations; there are numerous false inferences; there are many statements made in regard to Dr. Hammond's language and opinions which have no foundation whatever except in Dr. Buckley's new book.

**TWO HARD CASES.** By W. W. Godding, M. D., Washington, D. C. Boston, Houghton, Mifflin & Co., 1882.

Under this somewhat sensational title Dr. Godding has written a very fascinating little medico-literary work. The two hard cases are, a patient who was under the doctor's care at the Taunton, Mass., asylum, and Guiteau.

The first case, about whose exact psychological position the doctor seems to be in doubt, presented marked symptoms of moral obliquity which at times contrasted with an apparent truthfulness and sense of honor, but these latter alternated with wild, extravagant immoralities.

The case apparently originated in jealousy, and the boy made an attack on one he regarded as a rival. It is well described

\*The West Riding Lunatic Asylum Medical Reports. Vol. v, 1875, p. 171.

†Traite Clinique et pratique des Maladies Mentales. Paris 1881.



and illustrated, unconsciously, that Dr. Godding has the necessary benevolence, tact and judgment to make a successful, in the best sense of the term, superintendent of an insane asylum. The patient gave Dr. Godding his word of honor to return to the asylum, did so, and immediately thereafter committed suicide, an act he had long premeditated.

To what class did this patient belong? Certainly to the type of cases which Pritchard, Ray and Esquival call "moral insanity." It had, however, all the characteristics which the German *Verein für Psychiatrie* (*Psychiatrisches Centralblatt*, December, 1877) regarded as characteristic of *primäre verrücktheit*. The case is well paralleled in the literature.

The idea of *primäre verrücktheit*, however, seems repugnant to Dr. Godding. Griesinger (p. 220 Sydenham society edition) who is one of his favorite authors, puts such cases under this head. The history of the case is well told by Dr. Godding.

Turning from this to the case célèbre of the day, it is found that Dr. Godding unhesitatingly commits himself to the view that Guiteau was insane. This part of the volume, the most difficult part from a literary standpoint to treat successfully, is well written and the interest of the reader, in this more than "thrice told tale," does not flag by reason of the somewhat hackneyed subject, but is sustained till its very close.

Dr. Godding indulges in a curious contradiction, on page 189. He ridicules or, at least, sneeringly mentions the *primäre verrücktheit* theory of the first medical witness for the defense, yet on page 190 he says respecting Dr. Spitzka, "His estimate of Guiteau was in many respects correct. The congenital character of his case is at least probable; there is some asymmetry of the head, but that of the mind is obvious." In what type did Dr. Spitzka please Guiteau? In the "primary monomanias," and this term Dr. Spitzka, like Griesinger (p 228, Sydenham Society edition), considers the best term to apply to those cases called in the German vernacular "*primäre verrücktheit*."

There is a little partiality exhibited by Dr. Godding in criticizing Mr. Scoville for using only the hypothetical question in the case of Drs. Nichols, Channing, Fisher, Folsom and the other experts for the defense.

The narrative has, on the whole, an air of impartiality and is sure to be read with

pleasure, not only by medical men, but by every cultivated layman.

On rising from the perusal of this little book, there cannot but be felt a sense of deep regret that Dr. Godding has written so little; a regret equally from scientific and literary reasons. The publishers have issued the book in their well known "little classic" style.

## BOOKS AND PAMPHLETS.

M. Sanger, M. D., Leipzig. The Great Operation for Uterine Filroids, with a comparison of the method by Caesarian section and the Porro operation. Criticisms, studies and propositions for the bettering of the above operations. Leipzig, Wilhelm Engelmann, 1882.

Ninth Annual Report of the Secretary of the State Board of Health, of the State of Michigan, for the fiscal year ending September 30, 1881. Lansing, William S. George & Co., 1882.

Henry Hyde Salter, M. D., Asthma, its Pathology and Treatment. New York, William Wood & Co. Chicago, W. T. Keener, 1882.

Transactions of the State Medical Society of Arkansas, at its Seventh Annual Session. Little Rock, Ark., Kellogg Printing Co., 1882.

Annual Announcement of the Toronto School of Medicine, Fortieth Session, 1882-1883.

Edward John Tilt, M. D., London. The Change of Life in Health and Disease. A classical treatise on the diseases of the ganylionic nervous system incidental to women at the decline of life. Philadelphia, P. E. Blakeston, Son & Co. Chicago, Jansen, McClurg & Co., 1882.

William A. Hammond, M. D., New York. The Disease of the Scythians (*Morbus Feminarum*) and Certain Analogous Conditions. Read before the American Neurological Association, June 23, 1882, New York. Reprinted from the American Journal of Neurology and Psychiatry, 1882.

L. Duncan Bulkley, A. M., M. D., New York. The Malignity of Syphilis, with an Analysis of four hundred and fifty-eight cases of the Disease. Reprinted from the transactions of the Medical Society of the State of New York, 1882. New York: G. P. Putnam's Sons.

The Guiteau Autopsy. Reprint of an editorial from the American Journal of Neurology and Psychiatry, August, 1882. New York, 1882.

C. A. Lindsley, M. D., New Haven, Conn. The prescription of Proprietary Medicines for the sick. Its demoralizing effects on the medical profession. Read before the Connecticut Medical Society, 1882.

T. A. McBride, M. D., New York. The Early Diagnosis of Chronic Bright's disease. New York, Trow's Printing and Book-binding Co., 1882.

Robert Newman, M. D., New York. Stricture of the Rectum treated by electrolysis. Reprint from the New England Medical Monthly, September, 1882.



# Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.  
CHARLES H. LODOR, ASSOCIATE EDITOR.

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## MECHANICAL TREATMENT OF CICATRICES.

—Recently our attention has been called to the valuable results obtained by manipulation of cicatrices. In connection with this, it is interesting to note that Unna has found (abstract in *Viertalj. für Derm. und Syph.*) that the cicatrices of small-pox, after ulceration, are much improved in appearance by daily rubbing with fine sand. A small sponge soaked with soap lather is dipped in the powder collected from the debris of marble, and is then steadily rubbed over the cicatrix. The resulting improvement is naturally attributed to the stimulating effect of the mechanical irritation.

**FLOATING KIDNEY.**—Having examined one thousand four hundred and twenty-two patients at a watering place in Galacia the author states in the *London Medical Record* that he found in thirty-five subjects (thirty-two females, three males) floating kidneys. In nineteen patients (two females, seventeen males, nine of whom were pluriparæ, eight multiparæ) the right kidney floated. In eleven patients (one male, four multiparæ, six pluriparæ) the left kidney was movable. In five pluriparæ both kidneys floated. Comparing his figures with those of Landau, Dr. Skorczewski concludes that the affection under consideration is far more common than it is really supposed, and that physi-

cians too often overlook its existence. He supports this statement by the fact that the thirty-five patients were sent on account of all possible disease except wandering kidneys. On the subject of etiology he differs from Landau, who asserts that a pendulous abdomen predisposes to renal displacement. According to Dr. Skorczewski such displacement depends chiefly upon the disappearance of circumrenal fat, on atony of tissues, subsequent to febrile diseases, and on the pressure of some hypertrophied abdominal viscera. In the author's cases there was very often observed coexistence of floating kidneys with malarial hypertrophy of the spleen. Such coexistence was noted in thirteen out of sixteen cases of the left displacement, and in thirteen out of twenty-four cases of the right; and the author emphatically recommends examination of the kidneys in all malarial affections.

**WHAT'S NEW.**—The current question in the streets of Athens, two thousand years ago, was, "What's new?" and after this long lapse of years the question is not worn out. No matter what the sphere of life, we are eagerly seeking for something different, something new, something that shall relieve its monotony. In our professional life we pounce upon some new thought as if it were the pearl of great

price, for which we are to sell all that we have. At present the medical world is exercised over Koch's discovery of the bacillus of tuberculosis, and now after the first flush of our pleasure has worn off, we can pause a little to speculate as to what advantage it is to us and what its practical bearing. It is no doubt valuable for us to be able to recognize the bacteria of anthrax, the micrococcus of diphtheria and measles, the vibriones septique of septicæmia, the bacillus of leprosy and tuberculosis, but people die. In spite of our researches, the best results obtainable in diphtheria are from quinine and iron, bichloride of mercury, rigid hygiene, etc. Something similar is true of tuberculosis. Because we have found another point in the history of the disease, let us not fold our hands and congratulate ourselves that the end is now reached. We can't turn a man into a sewer and slush him out. What is deadly to the bacillus is deadly to the protoplasm of man. Lung tissue once gone is gone forever. Nature may mend a break, but it is only patched. Pope's adage of "be not the first to seize the new, nor yet the last to lay the old down," is just as applicable to our mode of treatment as to our use of words. Climate, tonics, expectorants, and all the hundred and one points of hygiene after all, form our armamenture against the ravages of this subtle foe of mankind. Recent discoveries point out, vaguely, to be sure, the line in which further advance is to be made in the treatment of the diseases mentioned, but by no means do they contra-indicate or even supersede that which long experience has proved efficient.

**ACTION OF SALICYLIC ACID UPON THE SKIN.**—When applied to the skin salicylic acid is an agent causing the elevation without the formation of a blister of normal or pathologically thickened epidermis, in the form of a consistent whitish colored membrane. The line of separation is always within the epidermal layers of the skin,

and the stronger the solution of the acid, the deeper down (nearer the papillary layer) does disassociation take place. The author, Dr. Tilden (Boston Medical and Surgical Journal), has never seen a moist, serum exuding surface resulting from the application of the acid. For all forms of callus, with or without hypertrophy of the papillæ, for psoriasis palmaris and plantaris, non-specific as well as specific, and for every variety of epithelial accumulation or hypertrophy, salicylic acid, by reason of its being colorless, odorless, and unirritating, as well as painless in its application, is the best keratolytic (causing separation of epidermis) agent. In order to be efficacious in this direction it should be applied not in the form of a watery, ethereal, or alcoholic solution merely painted on, but in solution in collodion ten per cent, or better still as a salicylic plaster covered with gutta percha, and left in position for from four days to a week.

**PHIMOSIS WITH CALCULI RETAINED.**—Dr. Lloyd, in the British Medical Journal, relates the history of a case of phimosis where eleven calculi were found retained within the prepuce. In remarking upon the case, the Doctor says that while it is not certain that they formed originally from deposit within the prepuce, it is certain that the greater bulk of them was thus formed. The number of stones was noticeable as some of them were large.

**POMADE FOR COMEDONES.**—The St. Louis Medical Journal says that Una, in Virchow's Archives recommended the following for comedones: Kaolin, four parts; glycerine, three parts; acetic acid, two parts, with or without the addition of a small quantity of some ethereal oil. With this pomade he covers the parts affected, in the evening and if need be during the day. The comedones can be easily expressed after several days, most of them coming out by washing the parts with pomice-stone soap.



**HYDROPHOBIA.**—Several correspondents of the *British Medical Journal* make communications regarding hydrophobia which are of importance. It is generally believed that nitrate of silver is the best caustic to be used in suspected cases. It is the unanimous opinion of these gentlemen, and a very logical one too, that nitrate of silver is not only inefficient, but worse than useless, since it seals the poison. Dr. Day relates a case where immediately after the wounds were received, bleeding having been encouraged, thorough cauterization with the nitrate, which operation required fully an hour, resulted in the patient's dying of rabies three months later. Other correspondents call attention to the fact that death from the bite of a dog often classed as hydrophobia, was due to nothing more than traumatic tetanus. Again many deaths from so-called hydrophobia are from septicæmia. The best mode of cauterization is with the stronger acids.

**INGUINAL HERNIA OF THE OVARY.**—Prof. Rosati (*Journal de Med. et de Chirug. Prat.*, July, 1882,) reports a case of inguinal hernia of an ovary resembling a strangulation of the intestine, where a removal was followed by restoration to health (*Medical News*). A Florentine woman, forty years of age, presented herself at his surgical clinic for relief from a tumor situated in the left inguinal region and about the size of a large potato. This tumor, rather hard and somewhat nodular, offered slight fluctuation at the level of greatest prominence. There was also a painful spot aggravated by pressure, the pain radiating to the umbilicus and epigastrium. Reduction was easy, but the tumor reappeared immediately upon removal of the pressure. According to a statement of the patient, her mother had been aware of the existence of the tumor from her birth. At first very small it attained the size of a walnut. The patient had menstruated regularly since fifteen years

of age and had been three times pregnant. The first and third pregnancies terminated normally, the second in an abortion at the third month. It is interesting to note that during the two normal pregnancies, and beginning with the seventh month, the tumor passed up into the abdomen and remained there until delivery, permitting the patient to lay aside the bandages she was accustomed to wear. Finally, a few days previous to the consultation, and just at the onset of menstruation, the patient was seized with a chill, accompanied by severe headache and a bad cough; the entire abdomen became painful and in a short time vomiting supervened. Prof. Rosati diagnosed the malady as one of irreducible, congenital, inguinal hernia of the omentum, and prescribed rest in the recumbent posture, low diet, morphia internally, and application of ice to the seat of pain. But after a few days the vomiting became more pronounced, the retention of feces was complete, and the surgeon had recourse to the operation for strangulated hernia. Arriving at a point of fluctuation which he supposed to be the hernial sac, he incised it with care and gave exit to a sticky fluid. The other prominences not communicating with this one were likewise incised. The pedicle of the tumor extending up to the abdominal opening of the inguinal canal, was enucleated, and the operator recognized that the tumor was riddled by little cysts. Certain by this time that he was dealing with the left ovary, he severed the pedicle between two ligatures of catgut, inserted a drainage tube and united the edges of the wound. The recovery was complete in a few days. Microscopic examination of the specimen confirmed the belief that it was ovarian.

**HERPES ZOSTER, NOT A SKIN DISEASE.**—Every now and then somebody comes along and asserts that Herpes Zoster is not a skin disease. Herpes serves to illustrate many of our lecturers at colleges

to the effect that certain nerve lesions are followed by herpetic eruptions. While we are not anxious to accept anything as true because it is asserted as new, we really feel that we may safely accept and classify Herpes as symptomatic of nerve lesion.

**PERFORATION OF A GASTRIC ULCER INTO THE LEFT VENTRICLE OF THE HEART.**—The following case is reported in the Medical and Surgical Reporter: The patient, a woman fifty-five years old, died with symptoms of a perforating ulcer of the stomach. During life the remarkably irregular action of the heart had been noted, but found its explanation only after death in the lesion of the muscles of the heart. There existed besides, a left-sided pleuritis caused by the ulcer. This pleuritis had produced adhesion of the diaphragmatic pleura to the pericardium. In consequence of this the base of the ulcer had been brought in direct contact with the pericardium, and so caused a perforating ulcer of the left ventricle of the heart. The seat of the ulcer in the stomach was distant five centem. from the cardia, and situated in the left curvature.

**TABES DORSALIS PRODUCED ARTIFICIALLY BY ERGOT.**—Dr. Franz Tuzcek had an opportunity, in 1879, to study an epidemic of ergotism, the cases being brought to the clinic at Marbury. In many there were mental disturbances with epileptic seizures. These cases all showed plainly symptoms of ataxia, inco-ordination, parasthesia, pains, complete absence of tendon-reflex. In four, upon whom post mortems were made, there were no brain lesions, but the posterior root zones showed sclerosis, the posterior roots were also affected, but not the columns of Goll. Attempts were made to produce tabes by feeding animals with ergot. Mice and hens rapidly died with fatty degeneration of the internal organs; rabbits thrived upon it even in large doses; cats and dogs emaciated rapidly and

showed signs of inco-ordination, but on post mortem no lesion of the nervous centres was found. Ergot in man seems to be "homœopathic" to tabes. We hope our homœopathic friends will not come out now and say that they knew it long ago and have been curing tabes right and left with it, and think nothing of it.

**BROMIDE OF POTASSIUM IN DIABETES.**—The Medical Times and Gazette says that a member of the Academie de Medicine recently read a paper on this subject. During the past six years he has treated fifteen cases. He ignored entirely the routine dietetic treatment, on the ground that the disease consists not in the presence of sugar in the urine, but in the disorder of the organism which produces the sugar in excess. He observed by chance, that a diabetic patient whom he was treating for another disease, and who was taking a drachm daily of bromide of potassium, improved very much. He then made experiments on rabbits, by producing artificial diabetes. Four grains of the drug injected into the veins caused the sugar to disappear. He has ever since used this drug with good results in this disease. Alkalies, iron, arsenic and quinine, according to their several indications, form part of the general treatment, as does also muscular exercise of all kinds.

**SUPERNUMERARY DIGIT.**—Says the Boston Medical and Surgical Journal, at a conference of the Société de Chirurgie, of Paris, a case of supernumerary digit was reported which had been operated upon at the age of six months, but had grown out again so as to require a second operation when the child was ten years old. Stress was laid upon the necessity of disarticulating instead of dividing the bone in its continuity. There being two centres of ossification in the phalanges, one for the shaft and one for the upper extremity, if the articular cartilage is left intact the bone has an opportunity to be re-formed.



**ASTRAGALUS MOLLISSIMUS.**—Among the plants destructive to cattle in the West, (Weis Remedies, 1882), is the *Astragalus Mollissimus*, whose physiological action has recently been studied by Dr. Isaac Ott, of Easton, Pa. He summarizes it as follows: It decreases the irritability of the motor nerve; greatly affects the sensory ganglia of the central nervous system, preventing them from readily receiving impressions. Has a spinal tetanic action. It kills mainly by arrest of the heart. Increases the calloary secretion. Has a stupefying action on the brain. Reduces the cardiac force and frequency. Temporarily increases arterial tension, but finally decreases it. Greatly dilates the pupil.

**RETENTION OF FÆTUS DURING SIX YEARS.**—Mr. Hough, after making some general observations on extra-uterine pregnancy, related a case (British Med. Journal) of a patient under his care who was now twenty-nine years old, and had been married twelve years. In September, 1874, she became pregnant for the first time, and menstruation ceased. Throughout January and February, 1875, she had more or less sickness; but did not come under observation till early in May, when she sent for Dr. Hough, on account of a slight discharge of clotted blood and some pain. Labor appeared to be commencing, and she was recommended to keep quiet, and send for a nurse; no vaginal examination was made. In a few hours the pain abated, and the discharge ceased; at this time distinct foetal movements were felt, and the foetal heart was heard. She was seen from time to time till the autumn, but nothing calling for interference occurred. The shape of the body altered, the tumor being more to one side than previously had been the case, and the milk disappeared. In October, she was seen by an eminent metropolitan surgeon, who diagnosed ovarian disease, and recommended her to take liquid extract of ergot; and, after taking this for a fortnight, the catamenia came on,

and had continued regular from that time to the present. For several years Mr. Hough lost sight of her; but, at the beginning of the present year, she consulted Dr. Humphry, who at once communicated with him about the case. At this time the great pain from which she suffered rendered further examination necessary. Ether was administered, and, on examination per rectum, a large cavity, in which the bones of the foetal head could be felt, was discovered, and one by one Dr. Humphry extracted the foetal bones, through the opening in the bowel, by the finger. The patient did extremely well, and at the present time no trace of the cavity remained, and she was in perfect health.

**DEATHS FROM CHLOROFORM.**—It is currently supposed that humanity gains knowledge from experience, but it seems to take a deal of experience to learn that chloroform is a dangerous drug to use, since no condition of health, no condition of the heart, is any certain guide as to the toxic effects of this drug. The medical literature of the day is full of accounts of accidents in its use. Following close upon the disaster at Charleston, is a report in the British Medical Journal of the death of a patient as anæsthesia was being induced by this agent. The verdict of the jury was that deceased died from failure of the heart's action while being brought under the influence of chloroform previously to performing the operation, and that death was caused by "misadventure." The autopsy showed that the patient died of cardial palsy. It is time that the profession, especially in England, was waking up to these facts.

**COMPOSITION OF ST. JACOB'S OIL.**—Dr. Squibb, in the *Ephemeris*, (No. 4), says that St. Jacob's Oil appears to be a futile and badly made aconite liniment, and that it consists mainly of water, ether, alcohol, turpentine and a small proportion of aconite, with the red coloring matter.]

**RAPID SURGERY.**—It would be difficult to find an instance of more rapid operating than the following achievement of Haseur, the oculist of Prague, which is vouched for by a correspondent in the *Chicago Medical Journal and Examiner*: "The 16th of May is the day allotted in the calendar to St. John Nepomuck, the patron saint of Bohemia. On this day the halt, the main, and the blind come in from all the surrounding country for treatment. Among the motley crowd are a great many cataract cases, and on one of these occasions, having his patients all made ready, Haseur is known to have operated on twenty-three eyes in one hour."

**ERGOT IN SKIN DISEASES.**—In the *Medical Times*, Dr. Heitzmann gives the results of his use of ergot in skin diseases. He says: I have tried ergot in a limited number of cases of eczema and psoriasis, without any apparent result; but in erythema, urticaria, and pruritus, it seemed to have had decided effect in speedily removing the disease, though only in a certain percentage of the cases. As regards erythema, positive assertions are to be made cautiously in the face of the fact that this form of dermatitis comes and goes rapidly, and disappears sometimes without any therapeutical interference. In several cases of urticaria, lasting for months or years, ergot seemed to have an immediate curative result, not only in females, where the remedy might have acted upon the uterus, but also in males. In pruritus, ergot gave immediate relief in a certain number of cases, while in others no effect was noticed. The remedy certainly deserves faithful trials in different skin diseases, the more so as it is, at least in the dose used, half a drachm twice daily, harmless.

**SNAKE-BITE: RAPID CURE BY PHENIC ACID.**—Dr. Sereins (*L'Union Medicale*, June 29, 1882) relates a case of snake-bite treated successfully by hypodermic injections of phenic acid. The patient, a char-

woman, forty years of age, was bitten by a venomous snake on the left foot, just below the external malleolus. Half an hour afterwards an intense smarting was experienced at the point of injury, and a sensation of constriction in the abdomen and epigastric region. Quantities of glairy mucus and bile were thrown off. Each attack of vomiting being preceded by a painful aura starting from the wound, passing up the limb and radiating toward the stomach. A tourniquet was applied to the limb, and the wound covered with a compress dipped in a solution of ammonia. When Dr. Sereins arrived, two hours after the woman had been bitten, the skin was cold and covered with perspiration, pulse small and beating 110° in the minute. Two little red points were on the external surface of the foot just below the malleolus, and above a small blister caused by the ammonia. Lower part of leg enormously swollen, shin marbled, with here and there yellowish spots and points of ecchymoses surrounded by small vesicles. Four hypodermics of a solution of phenic acid in glycerine, two in fifteen, were given, in the neighborhood of the bite, and three at the upper edge of the oedematous part of the leg, and the wound was bathed with the same solution. In one hour, swelling was reduced, vomiting became less persistent, and ceased entirely in four hours. On the second day the patient had entirely recovered. Thus the phenic acid not only destroyed the venom at the point of introduction, but even neutralized its effects in the general system.

**A NEW USE FOR MUSTARD.**—In the *Medical and Surgical Reporter*, Dr. London writes: "Just before the close of the war I was called to prescribe for a Confederate soldier, suffering with great nausea. A large mustard plaster was ordered to be placed over the stomach. A few hours afterward my attention was directed to an eruption covering the part where the mustard had been placed. It was a well de-



veloped case of small-pox. There was no eruption on any other part of the body. The pustules were well-developed, with the characteristic pit. I did not have another opportunity to try it, but believe a mustard plaster applied to any part of the body will bring out the eruption twenty-five to thirty-six hours earlier than usual, so that a diagnosis can be made on the first day of the fever. I believe it possible to invite all the eruptions to any part of the body, and thus avoid the pitting of the face. And in malignant cases, where the poison produces death before the eruption appears, the mustard might possibly bring out the eruption and save the patient. The experiment is easy and harmless."

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HYDRATE OF CHLORAL IN CHOREA.—The Medical Times and Gazette says that Dr. Bouchut's treatment, par excellence, of chorea consists in the administration of hydrate of chloral in large hypnotic doses, even for children. He orders for a child of six years thirty grains in one dose, the dose to be repeated every day, and increased if necessary, to forty or even sixty grains. The effect of this dose is six or eight hours profound sleep, during which the child does not stir. After a couple of days the disease abates and in about a fortnight the cure is obtained.

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PULVIS DOVERI.—Says the Canadian Journal of Medical Science: People whose "inward griefs and peristaltic woes" have been relieved by the powder of Dover, do not generally know to whom they are indebted for this excellent compound. Dr. Dover was a friend and probably pupil of the great Sydenham. He commenced practice in Bristol where, having made some money, he longed to make more. The roll of the college physicians tells us that he joined with some merchants in fitting out two privateers for the South seas, he himself sailed from Bristol, August, 2, 1708. On the passage out they

touched at the Island of Juan Fernandez, where Dover, on February 2, 1708-9, found Alexander Selkirk, who had been alone on the island for four years and four months, and whom Dover brought away in the "Duke." In the April following Dover took Ginaguil, a city or town of Peru, by storm. In December, 1709, the two privateers took a large and valuable prize, a ship of twenty guns and one hundred and ninety men, in which Dover removed from the "Duke," taking Alexander Selkirk with him as master, and finally reaching England in October, 1711. After this cruise Dr. Dover removed to London, where his practice soon became great. His patients and the apothecaries who wished to consult him, addressed their letters to the Jerusalem coffee house where, at certain hours of the day he received most of his patients.

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VENEREAL AND COMMON WARTS—Unna (Boston Medical and Surgical Journal) recommends for the treatment of condylomata acuminata and ordinary warts the continuous application of unguent hydrarg. containing five per cent of arsenic. In the case of a young girl upon whose hands were a hundred or more warts, the unbroken application for three weeks of a plaster containing each 0.2 square metre, 10.00 grammes of arsenic and five grammes of mercury, caused entire disappearance of the disease without any irritation of the normal skin. Cure was effected not by reason of necrosis and destruction of the warts, as after the use of caustics, but by resorption, as in cases of spontaneous cure.

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LARYNGEAL ELECTRIZATION—The Lancet says that Rossbach has endeavored to discover whether the nerves and muscles of the human larynx can be excited directly by electrical stimulation applied through the skin, and his experience enables him, he believes, to give an affirmative assurance.

An individual was selected, tolerant of laryngoscopic examination, and a knob-shaped, moist electrode was placed midway between the larynx and the sternum, in front of the anterior edge of the sternomastoid, being pressed as deeply in as could be without causing much pain. The other electrode was placed in some indifferent situation on the back of the hand. With this arrangement, whenever an opening or closing shock was sent between the poles, on the side on which the electrode was placed in the neck, a distinct contraction could be observed. The vocal cord moved inward in its whole extent, together with the arytenoid cartilage. The closure contraction was the strongest when the cathode, the opening contraction when the anode, was placed on the neck. Immediately after the stimulation a movement of swallowing occurred, which rendered further observation impossible. If the stimulation was made while a note was being uttered, the effect was to increase the pitch without interrupting the sound. The effect is ascribed to stimulation of the recurrent laryngeal nerve. Experiments with faradization yield the following conclusions: The passage of a strong current transversely through the larynx, an electrode being placed on each side of the thyroid cartilage, had no effect on the vocal cords or on the arytenoid cartilages. The free upper edge of the epiglottis was drawn forward and its lower part back. The aryteno-epiglottidean folds were moved inward, together with the false vocal cords. If one electrode was placed on the side of the larynx and the other on an independent place, the effect was the same, but was confined to one side. A slight movement of the vocal cord was produced by an attempt to faradize the recurrent laryngeal nerve of one side, and the effect was still more marked if an electrode was placed over each recurrent laryngeal, a distinct tremor of the arytenoid cartilages being produced. Hence, Rossbach concludes that, in addi-

tion to the reflex effect of a painful cutaneous stimulation and to the effect on the larynx of stimulation of the external muscles, electricity applied outside the larynx can directly stimulate, feebly but unquestionably, the laryngeal nerves.

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DISEASE OF THE SCYTHIANS.—In a recent monograph Dr. Wm. Hammond has given a most interesting and suggestive account of this obscure disease, which consists of an atrophy of the male genital organs with an assumption of some of the characteristics of woman. The result is attained through excessive masturbation coupled with continued equitation. A like disease was found among the Indians of New Mexico, when Dr. Hammond was a medical officer of the army on duty there.

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COUGH OF INFANTILE PNEUMONIA.—In the transaction of the Medical Society of Virginia, Dr. Bedford Brown read a paper on the pathology and treatment of infantile pneumonia, reported in the Medical News. We abstract the following: In proportion to the extent and gravity of the lung disease the cough diminishes in frequency and force, and thus declines to aid expectoration. Such a condition needs artificial stimulation of the function of coughing. The agents used are antiseptic, they disinfect the accumulated matter in the bronchial tubes, and excite these tubes to action, and hence the expulsion of the offending cause. Dr. Brown uses, by spray apparatus, three or more times a day, this solution: alcohol, one ounce; water, two ounces; carbolic acid, half a drachm; salicylic acid, one drachm; chloral hydrate, half a scruple. The atmosphere surrounding the head and chest as well should be charged with the spray whenever necessary to excite cough and expectoration. This has always, in his experience, been efficient, with improvement in the breathing and complexion—at least for the time being, and in some cases he has thereby saved life.



**TREATMENT OF SEQUELÆ OF FROZEN EXTREMITIES.**—The Imperial Russian Kan-  
 kasian Medical Society, says the Medical  
 and Surgical Reporter, mentions in its pro-  
 tocols seventeen, 1882, some of the ex-  
 periments Dr. Lapatin, of Tiflis, made  
 while he was attached to the infantry  
 regiment Eriwan, during the Turkish cam-  
 paign in Asia Minor, 1877-1878. The  
 soldiers had been greatly exposed to the  
 influences of the extremely cold weather,  
 Dr. L. noticed, that after milder degrees  
 of frozen extremities, for years disagreea-  
 ble pains and a very annoying pricking in  
 the parts made their appearance from time  
 to time, especially during the colder sea-  
 sons and on sudden changes of the weath-  
 er. He brushed the parts affected pre-  
 ferably with a glass brush, with a mixture  
 consisting of equal parts of dilute nitric  
 acid and aqua menthæ. This is the old  
 Rust's Frozing wash, only that the latter  
 contained aqua cinnamoni instead of aqua  
 menthæ. The parts are brushed at first  
 once and later twice daily. The skin as-  
 sumes a brown color after three or four-  
 such applications, becomes dry, and a su-  
 perficial scab forms, which, when thrown  
 off, leaves a healthy skin. Within one  
 and a half to two weeks the disagreeable  
 sensations which frequently prevent sol-  
 diers from putting their boots on, disap-  
 pear forever. A far better, quicker, and  
 more reliable remedy, however, is copaiba  
 balsam. This is thickly spread on a piece  
 of linen, and the affected parts covered  
 with it during the night, and a stocking  
 put on over the whole. In the daytime  
 the balsam is spread over the parts. A  
 few applications remove every residue of  
 it, and seem to impart a remarkably in-  
 creased vital resistance to the parts against  
 frost-bite, if only common precautions are  
 used.

**A SPECIFIC FOR OPHTHALMIA.**—An in-  
 fusion of the curious scarlet seeds of the  
 Abrus precatories, says the Medical Press,  
 is a popular remedy in the interior of

Brazil for ophthalmic disorders. The ac-  
 tion of this remedy having been tested by  
 Dr. De Wecker (*Comptes Rendus*) it was  
 found that a purulent ophthalmia was pro-  
 duced of intensity corresponding to the  
 number of applications made from the  
 powdered seed, applied as a lotion. In  
 the course of ten days or a fortnight the  
 factitious ophthalmia thus produced dis-  
 appeared without the intervention of  
 therapeutics, or danger to the cornea, and  
 Dr. De Wecker is of the opinion that this  
 very intense ophthalmia of short duration,  
 could be utilized in ocular therapeutis in  
 the treatment of granulations, conjunc-  
 tival diphtheria and the like. The leaves  
 of this plant used in the East in croupal  
 cough is an efficacious remedy.

**LINIMENTUM CAMPHORÆ.**—Says S. S.  
 Bradford, in the *American Journal of*  
*Pharmacy*: Cotton seed oil is far superior  
 to olive oil in making this liniment, it be-  
 ing a much better solvent of camphor. It  
 has not that disagreeable odor so common-  
 ly found in the liniment. The same is  
 true for other liniments, and it has the ad-  
 vantage of much less expense. The ex-  
 ception is found in linimentum calcis. A  
 good test for cotton seed oil is with liquor  
 plumbi sulacet, which gives a reddish color  
 on standing.

DR. DOSEM, an Austin physician, was  
 called on to attend old Uncle Mose, who  
 drives a dray. "You have been gorging  
 yourself with green watermelons for din-  
 ner," said the physician, feeling the pa-  
 tient's pulse. "How de mischief did yer  
 find dat out—by feelin' my pulseses?"  
 "No, but by seeing the watermelon rinds  
 under the bed." Said the old man, raising  
 himself up in bed, "You am de knowinist  
 man in Austin. Heah, old 'omen, take dat  
 ole harness from under de bed, or dis heah  
 medicinal gemman am gwine to treat me  
 for eatin' a mule for dessert to settle my  
 stomach. I ain't touched a watermelon in  
 foah weeks."

#### PITYRIASIS CIRCINATA ET MARGINATA.—

Emile Vidal describes a fungus parasite (Ann. de Derm. et de Syph.) which he claims to have discovered in this affection (Cincinnati Lancet and Clinic) and which he calls microsporon anomæon (microsporon despar). Examined with an immersion objective, No. 10 Hartnack, epithelial scales from a patch of pityriasis circinata exhibit spores of a diameter of one micro-millimetre, many even smaller, larger spores being the exception, never exceeding one micro-millimetre in diameter. The principal characters of this fungus are: First. The diminutive size of the spores, and their great variation in volume. Second. A circular arrangement in the epithelial cells. Third. The scarcity of chains of spores. Fourth. The absence or great rarity of mycelium. The fungus affects the superficial and, particularly, the middle layers of the epidermis. It is to be observed more especially upon the face, beard and neck. The hair escapes, and its follicles does not become inflamed. The clinical signs of the affection are described, and its differential diagnosis with "pityriasis rosea, pityriasis versicolor, erythrasma, and trichophytosis circinata" indicated. Vidal has never seen the affection in persons of more than forty years of age, and has never known it to spread by contagion. Its cure is easily effected by the use of ordinary anti-parasitic remedies.

**PAINFUL PRESSURE POINTS.**—In the London Medical Record we find an article by Dr. Montz Meyer on painful pressure points from which we take the following: In addition to the ordinary points as noted it is well to follow the whole course of the nerves as he well illustrated by a number of cases. In one patient there was a neuralgia of the right arm and shoulder. There was a painful pressure point at the upper part of the brachial plexus. Application of the anode to the tender spot produced a cure in a week. Again in another case, there was severe pain in the fourth inter-

osseous space of the right hand extending along the radial nerve to the posterior edge of the deltoid. Again, there was found a tender point in the brachial plexus and the same treatment produced a cure. In a third case there was a sick headache, the attack extending over nine years. There was tenderness over the upper cervical transverse processes. The positive pole was applied to this spot and the negative under the ear. A cure was obtained. Other cases are recorded of painful spots over the cervical vertebrae with various symptoms as one or other set of nerves were affected. In all of these cases complete cures were obtained by the galvanic treatment.

**A SIMPLE MEANS OF CHECKING PULMONARY HEMORRHAGE WITH SHAWL-STRAPS.**—Dr. H. Holbrook Curtis, of New York, has written an interesting article in the Medical Record, which contains an account of hemorrhages quickly controlled by the above method of treatment. Mr. B——, aged twenty-one, had been so much improved by a sojourn of two years in the Adirondacks that he had been permitted to return home. By over-exertion he experienced a severe hemorrhage from one or both lungs, which occurred every few days, and sometimes with but a few hours' interval. The hemorrhages could not be controlled by ergot, and ergotine given internally and by hypodermic injection, gallic acid, turpentine, etc. Alarmed by the excessive bleeding and the exhaustion of the patient, Dr. Curtis had a pair of ordinary shawl straps punched with holes a quarter of an inch apart, and braided three strands of drainage-tubing, making two cords of as many feet long. At the next excessive hemorrhage he laid a folded napkin over each femoral vein just below the fold of the groin, and adjusted the straps about the thighs as high up as possible, so that the buckles would be over the napkins. The straps were tightened enough to stop the venous return without



interfering with the arterial supply of the extremities. Then the arms near the shoulders were bound by the rubber tubing. The hemorrhage was checked almost immediately, and in about five minutes the straps and tubing were loosened. This was no sooner accomplished than the patient complained of a great shock to "the sore place," and the bleeding recommenced. The same procedure checked it as before. In about five minutes the extremities becoming markedly cyanotic, the straps were loosened, a hole at a time, when no hemorrhage recurred. No less than fourteen hemorrhages were checked by this method. His shallow and difficult respiration was greatly relieved by keeping an arm and the opposite leg strapped. As soon as a member became cyanotic the strap was changed to the opposite side.

**URETHRAL CALCULUS.**—Dr. Gallozzi reports a case in Il Morgagni, says the Detroit clinic, of an urethral calculus, thirty-three g. (a little over an ounce) in weight, which he removed from the pendulous portion of the urethra of a young man, sixteen years of age. The stone had been increasing in size during twelve years, and extended tumor-like from the glans penis to the scrotum. A catheter was introduced easily alongside the calculus, a valve-like fold of the urethral mucous membrane closing the pouch in which it lay. The stone was one of the uric acid variety.

**THE EPILEPTIC CHANGE AND ITS APPEARANCE AMONG FEEBLE-MINDED CHILDREN.**—I. N. Kerlin, in a paper read before the Association of Medical Superintendents of American Institutions for Feeble-minded Children, at its last meeting, reported in the *Alienist and Neurologist*, considers some important facts regarding the prognosis and management of a class of peculiarly interesting patients. He concludes: First. The knowledge gained through careful inquiry proves that early in their

lives a very large portion of feeble-minded children or idiotic children present a history either of epilepsy or other neurosis associated with and suggestive always of that disease. Second. The so-called epileptic change is not necessarily accompanied in the present history of any individual case with convulsions and insensibility, for these may be transmuted into emotional automatism, eccentricities of behavior or morals, etc., lesser indications of the concealed malady. Third. As a rule, our feeble-minded children manifest their epilepsies in superficial and subjective ways which make them peculiarly admissible of psycho-medical and physiological treatment. Fourth. By refusing admission for all feeble-minded children who may be epileptic without discrimination of the essential characteristics and varieties of the disease, we shall surely have many curable cases of epilepsy whose mental enfeeblement equally requires our skill; also when admitting any feeble-minded child without the open complication of epilepsy as usually described, not unfrequently it is discovered that latent epilepsy came with the child; hence, the unwisdom, in the first instance, of a course absolutely proscriptive of this unfortunate class of idiocy, and hence, also, the impossibility in the second instance of keeping our institutions entirely free from patients who may exhibit at any time this prominent complication of child-insanity.

A Mr. Cook, of Philadelphia, who died in 1846, in his will bequeathed six thousand acres of wild land near Foxburgh, Penn., to the Pennsylvania Hospital and the Pennsylvania Institute for the Blind. For years these institutions have derived no income from the gift, and have been satisfied that it required no expenditure on their part. Oil, however, was struck on the property and there are hundreds of applications for leases of the land. The property is now estimated to be worth from two to five millions of dollars.

**THE SALVATION ARMY AND INSANITY.**—The British Medical Journal states that a young woman who was present at the Blue Ribbon Army Meeting at the Metropolitan Tabernacle had been taken to Camberwell Workhouse as a lunatic. In commenting upon it it says: "No doubt that species of physical intoxication with vehement indulgence in religious exercises and emotions will sometimes end in mental derangement in persons who would not otherwise become insane, but at the same time it is well to remember that many half-crazy beings from inherited or physical causes, are powerfully attracted to the stirring services of the Salvation Army, or any similar new and strange thing; and evolve, perhaps, at these services, into full bloom lunatics, into which any other kind of agitation would have sufficed to have precipitated them. If, as it is stated, the Army draws into its ranks many habitual drunkards, who become for a time, at any rate, sober, and succeeds in ensuring the closure of public houses in the towns which it has occupied, then it seems likely that the tax-payers will have no serious grievance against the Army on account of its influence in causing insanity. It seems likely that for every case of insanity it causes, at least two will be prevented by the limitations which it imposes on alcoholic carousals."

**DISORGANIZATION OF THE PUBIC SYMPHYSIS.**—In the transactions of the Obstetrical Society of New York (Medical Journal of Obstetrics), Dr. Gillette reports a case where, owing to the improper use of forceps, the symphyses pubes were actually torn asunder by violent traction. Upon her getting up the patient showed evident signs of pyæmia. When admitted to the hospital, the perineum was found torn through to the rectum and half way up the recto-vaginal septum; the cervix uteri had been lacerated frightfully, the laceration being of the stellate variety; cicatrices in the vagina showed that that

canal had been lacerated also. The post-mortem examination showed the symphysis pubis gaping and that burrowing of puss had occurred in front of it, destroying a large portion of the tissues beneath the mons veneris. The cartilage of the symphysis was entirely destroyed, and the pubic bone denuded of periostium to a large extent. The puss had also found its way on either side of the pubes down the anterior and inner aspect of the thighs. There were evidences of pyæmia. A whole volume of untold misery is written in this statement. No better warning could be given than this case affords of the evil effects of injudicious traction. With the modern almost perfect instruments any degree of force can be obtained, but we need only repeat the old time aphorism that a physician's success is not to be obtained from the strength of his iron instrument but in the skill of the hand which manipulates it.

**DANGER IN SLEEP.**—The danger one incurs by sleeping with his mouth open (Monthly Rev. of Med. and Phar.) without protecting it by proper safeguards, has recently been exemplified at Brünn. A workman called upon a Dr. Flaschel, of that town, and stated that for almost forty years his digestive organs had performed their functions perfectly well; but for five days they had undergone a sudden change. The day before he experienced this difference, after having worked hard, he crawled into a hay-mow and there fell asleep, but was suddenly awakened by a difficulty of breathing and violent pains in the stomach. The latter continued to annoy him; he lost his appetite, and felt generally indisposed. The doctor prescribed for him, upon which he went to a neighboring inn, where, after an attack of severe pain, he vomited a medium-size dead mouse.

**CRURAL NEURALGIA AMONG DENTISTS.**—Dr. J. B. Sutton makes the following curious observation in the Lancet: On



June 20th I was called to a gentleman said to be suffering severely from sciatica. The patient was resting on his right side, complaining of intense pain in the left loin, radiating thence along the outer and interior aspect of the left thigh whenever he attempted to move. Firm pressure applied between tuberosity of ischium and great trochanter of femur was painless, but the instant one touched the skin immediately over the erector spinae muscle severe pain was evoked, extending down the thigh to the knee-joint, mapping out exactly the course of the anterior crural and external cutaneous nerves. Pressure over the points of exit of the third and fourth lumbar nerves from the spinal canal caused excessive pain. The nerves at fault were clearly the second, third and fourth lumbar, the hyperæsthetic area in the loin clearly corresponding to the distribution of the posterior divisions of these nerve trunks. The case was obviously not one of sciatica but of crural neuralgia, having a very unusual distribution: the ordinary forms of this disease extend to the foot and toes of the affected leg. Belladonna and aconite were applied locally; strychnia internally; the patient was convalescent in seven days. Two days later a similar case came under my notice, and a third has been reported to me with exactly similar symptoms. Curiously enough, the three patients were dentists, engaged in active duties of their profession. It appears exceedingly probable that this painful affection may be explained by the fact that when dentists operate they always stand at the right side of the patient, consequently, when manipulating cavities in teeth difficult of access, it is necessary to throw themselves into a constrained attitude, whereby the lumbar vertebrae are slightly flexed anteriorly; but flexed laterally to a considerable degree. It is necessary, sometimes, to maintain this cramped position for long periods, the temporary distortion being even more exaggerated when the dental engine is being

used. These combined flexions cause the lumbar nerves to become congested, irritated, and possibly injuriously nipped as they pass through the intervertebral foramina, thus giving rise to the symptoms detailed above.

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ALBUMINURIA IN CONSUMPTION.—In a certain proportion of the cases of consumption, albuminuria appears as a complication. The importance of this symptom (Medical News) varies with the condition of the kidneys. In the simplest form it is a mere temporary congestion, but a congestion due to blocking of the pulmonary vessels may after a time set up permanent changes in the renal structures. When permanent from the onset of the symptoms it may be a dyscrasic malady, due to tuberculosis of the kidney, or it may be produced by amyloid degeneration, which is a frequent complication of the suppurating processes of tuberculosis, the kidney being one of the organs attacked. It is a fact of much interest that when albuminuria occurs, the fever process and the sweating cease; and thus an illusive appearance of improvement is induced. A subnormal temperature has been observed in some cases. When, therefore, in phthisis, the usual daily febrile movement does not come on, the urine should be examined. It need hardly be observed that the prognosis will be distinctly affected by the discovery of a permanent albuminuria. When the quantity of albumen present in the urine is large, and the temperature even slightly subnormal, a rapid decline in strength and an early termination may be expected.

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NEW METHOD OF REDUCTION IN DISLOCATION OF THE HUMERUS.—Mr. Jas. E. Kelly (Dublin Journal of the Medical Sciences) recommends the following as successful when other plans have failed: The patient should be placed as close as possible to the edge of the couch, on his back, with his head low. The operator

places the injured arm at right angles with the body, and standing against it, with his side to the patient, and his hip pressed firmly but not roughly into the axilla, he folds the arm and hand of the patient, close around his pelvis, and fixes the hand firmly by pressing it against the crest of his ilium. The second stage, during which the reduction is effected, is very simple, consisting merely of a rotation, or version, of the surgeon's body with a force and rapidity which necessarily vary with the peculiarity of the dislocation—some yielding most readily to a sudden and most powerful effort, and others to gentle and gradually increasing traction.

**TEST FOR ALKALOIDS.**—In the American Journal of Pharmacy, F. Maugini, in discussing Dragendorff's test for alkaloids, says the potassio-bismuthous iodide is one of the most delicate tests we have for the alkaloids, provided it is to be prepared as follows: Three parts potass. iodide, mixed with sixteen parts liquid bismuth iodide and three parts of hydrochloric acid. It serves to distinguish the alkaloids by variations of color and alteration from standing.

**CEREBRAL PHYSIOLOGY.**—Dr. Brown-Sequard has been making some vigorous criticisms of our old ideas in regard to the crossed action of the brain and medulla. In the Lancet from an analysis of five hundred cases of unilateral convulsions in consequence of varied lesions of the brain he shows that the same result is true of man as of animals. Irritation of the base of the brain and the adjacent motor region causes convulsions more frequently on the side irritated than on the other. The superficial parts of the brain, it is true, produce chiefly crossed convulsions, but irritation in all parts MAY cause convulsion on the same side. The conclusions drawn by Dr. Brown-Sequard are that one of the chief foundations for the theory of psychomotor centres, and of the crossed

functional relation between the hemispheres and the limbs must be considered to have lost its value; and, secondly, that the excito-motor zone of the cerebral surface, and indeed all the excitable parts of the brain, are capable of putting in action the limbs of the same side, as well as those of the opposite side, and that they may produce these effects after the transverse division of one-half of the pons varolii, of the medulla or of the cervical cord, and even after two sections of the base, one of the right half and the other of the left, provided a certain interval exists between the two.

**THE TREATMENT OF TYPHOID FEVER BY SALICYLIC ACID.**—At the Academie de Medicine, M. Vulpean reported that in the course of an attempt to treat typhoid fever by the internal administration of antiseptics, he had found (British Medical Journal) that salicylic acid was the most useful in reducing the temperature of typhoid patients. He gives as much as six grammes (a drachm and a half) a day, in small doses of twenty-five to thirty centigrammes every half hour. In some, particularly young patients, delirium is produced, and in others albuminuria; this latter symptom is, however, very frequent in typhoid fever, and it, moreover, disappears when the patient is able to take seven grammes of salicylic acid a day. Under this treatment the temperature decreases from 3° to 4° Cent. (54° to 72° Fahrenheit) in forty-eight hours. M. Vulpian does not, however, pretend that salicylic acid does more than reduce the temperature; it does not shorten the duration of the disease, nor lessen its mortality. Of all patients, however, which were treated in different ways, those under the salicylic acid treatment improved most rapidly. By interrupting the treatment, M. Vulpian ascertained that the salicylic acid was actually the cause of the lowering of the temperature, which action was convalescence, if the treatment was carried on.



THE "GONOCOCCUS."—W. T. Belfield, in the *Chicago Medical Journal and Examiner*, is responsible for the following: "Neisser in Breslau, who in 1879 published the discovery of a micrococcus which was to be found in every case of specific blenorrhœa either of urethra or of eye, but nowhere else, has recently recorded his conviction that this "gonococcus," as he christens it, is the specific agent in producing the disease, and quotes Aufrecht, Ehrlich and Gaffkey, the ophthalmologists Leber, Sattler, and Hirschberg in support of his statements. But until recently the experimentum crucis, successful inoculation of the micrococci, had never been performed from the simple fact that animals are not susceptible to the gonorrhœal contagion, and human subjects have always preferred to acquire theirs in another way. Recently, however, Bokai, in Pesth, was so fortunate as to find six philanthropic students who placed their urethras at the disposal of science. With the "gonococci" which Bokai had cultivated artificially from gonorrhœal discharge, the six were inoculated, and three had the satisfaction of exhibiting, a week later, a classical gonorrhœa. For one somewhat familiar with the natural history of medical students, the experiment would have been far more convincing if the dauntless three had been kept in solitary confinement for a week before and after the inoculation.

SEMPER'S METHOD OF MAKING ANATOMICAL PREPARATIONS.—Dr. Semper has discovered a method of making anatomical preparations which assures the preservation of the several organs. He reports the result of his work in the *British Medical Journal*. He has used the method constantly for several years, and the results are said to be excellent. After the dissection is made, it is macerated from one to five days, according to its proportions, in weak chromic acid (one to two per hundred), it is then washed, and treated with

weak alcohol (thirty per hundred), adding alcohol of gradually increased strength. The preparation is then placed in strong alcohol from one to seven or eight days; afterwards in absolute alcohol, and finally is left to macerate in turpentine until it is thoroughly soaked. The preparation is then spread out and allowed to dry by contact with the air, it thus becomes perfectly white. The different organs can be colored by using the best oil colors. When the preparations have been thoroughly dried after their maceration in turpentine, they resume to a great extent their natural coloring if they be immersed in a mixture composed of equal parts of a saturated solution of white sugar and glycerine.

TREATMENT OF TAPE WORM.—Dr. Berenger-Feraud (*Bulletin Générale de Thérapeutique*, translated in the *Medical Times*) communicates the results of the various kinds of treatment for the removal of the tape worm. Spirits of turpentine, male fern, pumpkin seed, koosó, pomegranate root bark and pelletériine tannate. This last he considers the most powerful of all agents, as complete success was obtained in forty-six per cent of the cases. As soon as proof of the presence of the intruder is obtained, the patient is put upon milk and bread for the next two meals. On the next morning before rising an infusion of ten grammes of senna leaves in one hundred grammes of water sweetened with thirty grammes of syrup of orange peel is administered. An hour later the patient takes half the dose of pelletériine diffused in twice its weight of water. The patient should lie still with closed eyes to prevent nausea and vomiting. Half an hour later the rest of the drug is given. After another half hour thirty or forty grammes of castor oil are given. Should there be no stool an hour afterward purgative enemata are given. Success in this treatment appears to lie in the rapidity of the purgation.

A CASE OF ELEPHANTIASIS.—Dr. Harrison, of Ontario, Canada, reports in the *American Journal of the Medical Sciences* a case which is called elephantiasis. It is so peculiar, and the diagnosis so obscure, that it is worthy of mention. The patient has been under observation ever since he was three years old. He is now of age, and his condition has been one of gradual pathological development. The left leg extending from the groin downward is the subject of this remarkable change. It is seven inches longer than the normal one and much larger in circumference. The enlargement is most marked in the dependent portion of the ankle and lower part of the buttock, and varies considerably in the erect or recumbent position. The skin has not a harsh feel nor the tuberculous fissured appearance given as characteristic of elephantiasis. The tissue beneath is soft and moves freely over the underlying fascia, and does not pit on pressure. The skin, though hypertrophied, is smooth and soft, and covered with much hair, it is also mottled with dark brown spots and patches. The health of the patient is good.

NEURALGIA.—From a clinical lecture by Dr. William Pepper, reported in the *Medical Gazette*, we gather the following: Neuralgia, like diarrhoea and dropsy, is a symptom of general or special disorder rather than a disease proper. Its cause may be various. It may be due to local disease of the neurilemma, to irregular menstruation, to impaired general health, to extremes of heat and cold, to pressure, etc. It also frequently occurs in recovery from arsenical poisoning. For convenience, neuralgia may be divided into two classes. In the first class the paroxysms of pain come on regularly, but at distant intervals. These forms are mostly symptomatic of several varieties of cachexia. First, there is the malarial form. This can generally be distinguished by the history of the case and the periodicity of the

paroxysms, also by its yielding readily to large doses of quinine. Second, migraine, so called hemicrania. It is usually connected with disturbed menstruation or is hereditary in its nature. Hereditary migraine usually attacks the first branch of the fifth pair of nerves. The pain which centers in the eye or in the supra-orbital or temporal fossa is very acute. There is nearly always nausea or vomiting. The third variety is the anæmic, chlorotic, or syphilitic, and is due to an impoverished diseased state of the blood. The cause of this neuralgia is quite frequently over-exertion. Fourth, rheumatic neuritis or face-ache is to be distinguished from periostitis by the locality of the pain. The existence of rheumatic pains in other parts of the body will usually strengthen the diagnosis. The fifth variety is due to toxic causes, such as lead or arsenic poison. The blue line on the gums or the characteristic signs of arsenical poison will easily separate this form from the others. Under the second great group of neuralgiæ are those coming on in short paroxysms at short intervals, and generally as reflex inductions of peripheral irritation or centric pressure. We find two separate forms: *tic douloureux*, *anæsthesia dolorosa*. These forms usually go by the name of trigeminal neuralgias. The trigeminal is a nerve of both sensation and motion. Therefore either or both of its functions may be affected. Its passage through bony canals makes it especially liable to pressure. The three special points of pain are the supra-orbital, the infra-orbital, and the mental foramina. In *tic douloureux* there is both pain and spasm. The causes of this form of neuralgia are usually peripheral in their origin, as a decayed tooth or the pressure of a cicatrix upon one of the superficial nerve branches, or local inflammation of the neurilemma. In some cases the lesion may be centric. The pain is excruciating. The late Dr. Pemberton, of England, is said to have stamped the bottom out of his carriage during one of these paroxysms of pain.



## CORRESPONDENCE.

## NEW YORK LETTER.

*NEW YORK MEDICAL COLLEGES—  
NEW YORK COUNTY MEDICAL  
SOCIETY—MYOPIA IN SCHOOL  
CHILDREN—ARSENIC IN  
A RIVER.*

NEW YORK, October 12, 1882.

The Colleges will soon be in full blast, and in most respects are unchanged. The University has had a very handsome addition erected for pathological and chemical work. Bellerae has added a new pathological laboratory. It has about two hundred and fifty students entered for the coming term. The most interest, however, attaches to the new venture of the Post Graduate Medical School. This school, as the readers of the REVIEW know, is the outgrowth of the disagreement last spring between the Clinical Professors and the regular Faculty of the University School. The school has been organized with a large Faculty, and will use the lecture rooms of the College of Pharmacy, whose sessions are entirely nocturnal. The regular faculty consists of Drs. James L. Little, William H. Hammond, D. B. St. John Roosa, Clinton Wagner, Henry G. Piffard, Frederick R. Sturgis, Montrose A. Pallen, Mary Putnam Jacobi, Thomas E. Satterthwaite and Edward C. Spitzka. Besides the college lectures there is to be the usual dispensary and laboratory work. The work of the school will be divided into ten departments, with lecture courses of seven weeks. The fee for full course of instruction in each department will be twenty dollars. The school will open November 6th. There has been no change of note in the College of Physicians and Surgeons. It opens with five hundred and forty-seven students.

The Sevey hospital in Brooklyn had its corner stone laid September 20, 1882. The hospital, when completed, will have a capacity of two hundred beds. Each building will be isolated, and each bed also. No ward will contain more than twenty-four beds, and each will enjoy eighteen hundred cubic feet of air space. The supply of fresh and expulsion of foul air will be arranged for each ward separately. The hospital is under the patronage of the Methodist church, but is non-sectarian.

There was a very good attendance at the opening meeting of the New York

County Medical Society, September 25, 1882, the president, Dr. T. R. Sturgis, in the chair. The following were the officers elected: President, Dr. David Webster; vice presidents, Drs. Andrew H. Smith and James L. Little; secretary, Dr. W. M. Carpenter; assistant secretary, Dr. Charles H. Avery; treasurer, Dr. D. B. Douglas; censors, Dr. J. D. Bryant, Daniel Lewis, B. B. Bronson, T. R. Sturgis, H. B. Conrad, W. R. Gillette. Some fifty delegates were elected to the New York State Medical Society. Dr. W. F. Mittendorf read an exhaustive paper on "Myopia and the Necessity of its Correction by Glasses."

He said that myopia had justly been called a disease of civilization, and unless prompt measures were taken to prevent its further increase it must prove the bane of civilized life. The causes of the affection in Dr. Mittendorf's opinion were debility of the sclerotic, hereditary predisposition, long continued use of the eyes on small objects, and an increase of inter-ocular pressure by interference with the internal ocular circulation. The disease was incurable, but its progress could be arrested by proper application of well-fitted glasses. The most dangerous period for the occurrence of myopia was between the ages of five and fifteen, and an examination of the public school children of New York had revealed the following state of things: Out of two hundred and three children attending the Thirteenth Street Grammar school only six per cent were myopic. At Grammar school number thirty-five, of six hundred and three Americans examined ten per cent were myopic; of two hundred and sixty-six Germans seventeen and one-half per cent were myopic. At Columbia College two hundred and one students were examined, and of these sixty-nine or thirty-five per cent were found to be near-sighted. The percentage was greater in the academical department than in the School of Mines. Further investigation with reference to the question of hereditary predisposition showed that of forty-five myopic Hebrews forty per cent came from myopic families; that twenty-nine out of eighty-two myopic Germans, or thirty-five per cent, came from myopic families; forty-nine out of one hundred and six myopic Americans came from myopic families.

Very serious were the complications of myopia, which resulted from the non-use of proper glasses and not unfrequently total blindness resulted from such neglect.



Mr. Méttendorf advocated rest as a means of ameliorating the disease and the application of suitable glasses which in many instances should be tinted blue to avoid irritation from bright light. The prejudice against glasses, so prevalent among the poorer classes, had at times very serious consequences.

There is some trouble just now in the Medico Legal Society between the president and treasurer. The matter is largely a technical one, but as the president is very dictatorial at times and the treasurer, who is inclined to stand upon the letter of the law, a somewhat unseemly quarrel was the result. The treasurer was charged with wilful obstruction of the society's business; thereupon the president was charged with various minor misdemeanors. At the September 27th meeting the treasurer was censured and resolutions were passed requesting him to resign. Mr. Leceister Holme was elected secretary, in place of Dr. George W. Wells, resigned.

A woman in Jersey City, who evidently believes that amateur medical advice is always in order, has killed two women by a very amateurish use of strychnine. The woman is to be indicted by the grand jury, and it is hoped a sufficiently salutary punishment will result as a deterrent to amateur physicians.

The Clinton County, New York, Medical Society, at its July 11, 1882, meeting, made an unsuccessful attempt to pass the following resolution: "Resolved, that we utterly repudiate the code of medical ethics adopted by the New York State Medical Society in February last." After being so amended as to amount to a very non-committal position, this resolution was dropped and the following substitute for it carried: "Resolved, that we cordially approve of the code of medical ethics adopted by the New York State Medical Society at its annual meeting held at Albany, February, 1882."

The attempt has recently been made by Dr. J. L. Leggett to show that the tight pants of the present produce erethism and lead to sexual excess. There can be but little doubt but that these pants do exert some influence in the direction stated.

During the recent floods in New Jersey a ton of arsenic was swept from a paper hanging manufactory into the Passiac river, fortunately below where the water supply of Newark and the other cities is taken. There is, however, much popular

alarm on the subject, and a very general demand for well water. I.

### PHILADELPHIA LETTER.

*Second Deluge—Fall of a House—Alms House Robbery—Meeting of the Academy of Natural Sciences—Medical Colleges—Meeting of the Philadelphia County Medical Society—Hysterical Breast.*

PHILADELPHIA, Oct. 12, 1882.

The possibility of a second deluge has been the subject uppermost in the public mind during the past few weeks. The extent of the damage done, and its nature, time only can reveal. In all probability the effects of the recent heavy rains will be coming to light along through the winter, as various storms cause a little extra strain on culverts.

A few mornings ago, one side of a house on Wallace street, near ninth, without any warning, fell to the ground, the inmates tumbling out and some of them being buried under the debris. This accident has caused everyone, the walls of whose houses are off the plumb, to say their evening devotions with more zealous care, feeling as they do the uncertainty of what the night may bring forth. The downfall was due to the fact that the neighboring house had been burned, leaving the wall exposed for some years to the storms which destroyed the mortar.

Our almshouse robberies are being unearthed day by day. For years it has been known that irregularities had been going on, but it takes quite a time to stir us quiet old Quakers to action, but considerable righteous indignation can be shown on occasion. Dr. J. W. White said that while he was an interne at Blockley he was compelled to go into the city to find anything fit to eat. It has been notorious that almshouse babies bloom but for a short period. The philanthropic folks say that their untimely demise was due to their milk being unduly watered, but while that will do now in the present excitement, we who have been in the wards know that the great trouble was syphilis. The appointments there have been made entirely by political influence. The result of this ought to furnish Chicago a timely warning. To give more than a faint idea of the state of affairs would be impossible. Dozens of



families have been supported by the stealings. The vandals even took off the copper roof and sold it for seven thousand dollars, replacing it, as was affirmed, by a more substantial one of gravel.

At the last meeting of the Academy of Natural Sciences Dr. Joseph Leidy, among other facts, presented a history of the introduction of the ailanthus silk worm into this country. The moths of this species have been particularly abundant this past season. This species was introduced into this country by Dr. Stewardson in 1861. The Secretary stated that he had taken charge of Dr. Stewardson's collection of silk worms soon after the appearance of the second crop, and had for some time supplied them with ailanthus leaves in his office. Afterwards he had placed the worms, which then numbered several hundred, on an ailanthus tree growing in the yard of the house formerly occupied by Dr. Hare, in the rear of the medical department of the old University, on Ninth street, above Chestnut. Here the conditions for the preservation of the insects seems to have been favorable, as, although they received no further attention, they multiplied to such an extent as to have been recognized by entomologists as one of our naturalized species. There is no reason to doubt that the cynthia moth, as it is found in this section of the country, has descended from the colony placed in 1863 on the tree referred to.

The various medical, pharmaceutical and dental colleges in this city commenced their regular winter session Tuesday, October 3d, introductory letters having been delivered on Monday. The one hundred and seventeenth course of the medical and the fifth course of the dental departments of the University of Pennsylvania were opened by Professor Joseph Leidy, M. D., LL. D., who spoke upon the subject of the medical education of students. Addresses were also made by Professor W. B. Carpenter, M. D., of London, and Professor Samuel D. Gross.

J. Ewing Mears, M. D., opened the twenty-seventh course, at the Pennsylvania College of Dental Surgery. Prof. Charles L. Mitchell, Ph. D., M. D., delivered the introductory at the Philadelphia Medico-Chirurgical College, Broad and Market streets. This, by the way, is a new medical mill yet in its infancy, having started this life last winter. On Monday night, Prof. John H. Brinton, M. D., delivered

the introductory to the fifty-eighth course of the Jefferson Medical College. Addresses were also made by Professor Morrell McKenzie, of London, Dr. Marion Sims, and Professors S. W. Gross and W. H. Pancoast.

At the last Conversational Meeting of the Philadelphia County Medical Society, President Horace T. Evans in the chair, Dr. Wm. B. Atkinson read a paper on "The Prevention and Treatment of Vomiting in Pregnancy." The trouble is such a common one, and so sure to occur in every man's practice, that both the paper and the discussion which followed are of interest. As so many drugs are vaunted as almost specifics, we may be sure in this case, as in every similar case, that either the causes producing are exceedingly various, or our methods of procedure are far from certain. In the present case almost the whole of the pharmacopœia has been used at times. The late Dr. Meigs claimed the greatest benefit from a cup of tea and a piece of toast taken in bed before rising, and rest for a short time afterwards, and various high authorities claim equal good from cold water, from hot water, from ice, from nitrate of silver to the os, from chloral in the rectum, from belladonna, and so on ad infinitum. To sum up Dr. Atkinson's paper, the best results are to be obtained from complete rest of body and mind, from easily assimilated food, from scrupulous local cleanliness, both vaginal and rectal, and when necessary applications of iodine to the os, from rectal alimentation in the severer cases. Abortion is rarely necessary. Dr. Mills, in discussing the paper, viewed the vomiting as of central rather than of spinal origin.

In Dr. N. C. Wood's clinic at the University Hospital there was brought in a case which attracted considerable attention. The woman, twenty-four years old, complained of excessive pain in the right mamma, extending to the axilla and down the arm. Upon examination an exceedingly small lump was found, very painful on light pressure and but little painful on firm pressure. The tumor was not well marked, and was subject to great changes in size. The patient was suffering from Hyelinical breast. The treatment was by electricity, which sometimes gives speedy relief. In the majority of cases the best treatment is to be found in the rest cure, which is long rest, high feeding, tonics and what may be called artificial exercise.

## LOCAL.

The fall and winter meetings of the Chicago Medical Society were inaugurated at the Grand Pacific Hotel Monday evening October 2d, Dr. J. H. Hollister in the chair. Dr. J. H. Etheridge read an interesting paper on a specific case. The paper was discussed by nearly all present. Dr. D. R. Brower then read a paper on "Toy Pistol Tetanus," twenty cases having occurred since July 4th, in this city. The expected preparations for the annual banquet were not made.

The hospital committee of the county board received, yesterday, a communication bearing the signatures of Drs. Baxter, Fenger, Adams, Williams, Jacobson and Mitchell, asking that the salary of the hospital druggist be increased from \$65 to \$75 per month, and that he be given an assistant at a monthly salary of \$50. Warden Dixon said that since the communication had been signed he had told the druggist that he might have the assistance of a boy in the forenoon, and as the druggist only had to do three hours' work in a day he did not think the appointment of an assistant necessary. The committee decided to advance the druggist's salary, as requested, but refused the appointment of an assistant. Two extra nurses were allowed at a salary of \$20 per month.

Dr. J. Adams Allen, President of Rush Medical College, has returned, after an extended tour through Europe, much improved in health, and has located at the Woodruff House. Dr. Allen has removed his office to the Field Building, northeast corner of State and Madison.

At a meeting of the Trustees of St. Luke's Hospital held at the Tremont House October 5th, the building committee recommended plans prepared by Treat & Foltz. These plans were adopted by the Trustees, and the work will be commenced within a few days. It will take about a year to erect the four buildings contemplat-

ed, and the cost will be about \$115,000. Only the Indiana avenue property will be at present built upon, and the present hospital will still be used until the money can be provided to erect the East Pavillion, at a cost of about \$40,000.

After a vacation of six weeks, a regular meeting of the Chicago Medical Society was inaugurated for the fall and winter with Dr. J. H. Hollister in the president's chair, and Dr. L. H. Montgomery at the secretary's desk. The meeting was largely attended and bids fair for vigorous work.

SPASM OF THE GLOTTIS TREATED BY NITRITE OF AMYL.—Dr. Joseph Williams reports in the Canada Medical and Surgical Journal, a case of spasm of the glottis in a child. The little patient was almost moribund, entirely unconscious, lips livid, skin surface cold. Slow inhalation of ten drops of nitrite of amyl, caused the stridor to disappear almost immediately. In a short time the child fell into a deep sleep. This case shows the value of the drug in such emergency cases.

VIPER BITE CURED BY PHENIC ACID.—In the L'Union Medicale Dr. Sereius reports a case of viper bite cured by hypodermic injections of phenic acid. The patient was seen two hours after the wound was received, and at that time was almost moribund, skin cold, pulse small, 110° numerous ecchymoses. Four hypodermic injections of phenic acid in glycerine were administered, very soon the swelling began to diminish and in two days the cure was complete.

THE mortality of lying-in women in London was in 1660, 1 in 44; in 1881, 1 in 263. It is just one hundred years since the expectation of life among English women became equal for insurance purposes, to that of men. At present the female expectation of life is about three years in advance of that of males.



## ORIGINAL CONTRIBUTIONS.

*\*DIPSOMANIA AND ALCOHOLISM.*

BY CHAS. LASEGUE.

(CONTINUED FROM PAGE 453.)

## SECOND.

As I intend to write a history of dipsomania I have mentioned cases which, although they are apparently discordant, are nevertheless uniform, and can be described as a group. My aim has been to show the cerebral affection of the individual in his appetite for fermented drinks and the consequence which these entail upon him. The dipsomaniac drinks as much and more than the victim of alcoholism, he drinks the same liquors and becomes drunk, which the other, not going to such excess at first, does not, at once. The two diseases have nothing more in common than the ingestion of alcohol. Though there is this difference, the difference does not extend to the agent. The dipsomaniac drinks as the other but more frequently and becomes more or less deeply intoxicated, which the other cannot do without having an attack of delirium.

Dipsomania is a mental malady which at first proceeds by paroxysms which grow less frequent or more frequent as do the exacerbations of fever, without obeying any laws of fixed periodicity. The longing for drink grows more and more irresistible as time passes by. It is tenacious, implacable, obstinate, without leading to violence. In the intervals of respite, the patient can rest indifferent as days, weeks and months pass by; but it is chance and not his own free will which decides these suspensions. His appetite simply sleeps. No more dipsomaniacs have drunken beyond measure at their repasts than those who drink in private or in public. It is moreover the general rule that all men who drink to excess, whether dipsomaniac or common drunkard, assume a relative sobriety at their meals. During the acute attacks the dipsomaniac presents none, I say none, of the symptoms of alcoholism, his sleep is profound and is not troubled by any of those characteristic dreams, which are the initial manifestation of delirium tremens. He trembles, as do all who are suffering from profound nervous

prostration, but never with that rhythmic motion which is almost pathognomonic of the other disease.

No one has ever seen a dipsomaniac driven by his excess into the condition of chronic alcoholism. He has his particular cachexia and his mode of degradation, like the progressive decay of drunkards. At the same time, he has not in the slightest degree any of the mental peculiarities of alcoholism. No transitory hallucinations, no terrors by day and night, no tendency to suicide. Although habitually careless, he is much less ready to hazard his safety than is the drunkard. I shall make bold to say that dipsomania and drunkenness itself are the antidotes of alcoholism, and that this paradoxical assertion borders most closely upon absolute truth.

Concerning the treatment I shall say little. The numerous persevering efforts, sometimes by competent physicians, sometimes by philanthropists, have given us the means which we possess. The disease is treated just like other mental derangements. Our hope for cure much rely upon moral or religious influences, upon intimidation, upon isolation, etc. How is it that dipsomania is not only not cured by alcohol, but is refractory to its action? I leave the problem to the reflections of those who affirm that drink causes all this, and that the effect is due to the quantity or quality of the liquor.

As dipsomania and alcoholism are widely separate so is the converse true. I have given an extended account of the characteristic points of dipsomania but I shall be brief about those of alcoholism as they are better known.

A man who drinks to an extent as to become a victim of alcoholism does not proceed by sudden or violent outbreaks. If I should endeavor to illustrate it in the graphic method I would represent it by an undulating ascending line and not by a series of sharp angles, as in dipsomania. The physical characteristics and mental predispositions which play the important role in both cases, are more difficult to determine in this latter case as they are more vague, more passive than active, more nearly approaching anomalies of character than cerebral troubles.

For the most part these men are of the weaker class, easily enticed, and moreover, as the common people say, bear drink badly. Friends invite the man to drink. He feebly refuses, hesitates, and

\*Translated for the REVIEW from the Archives Generales de Medecine, Sept., 1882.

finally yields. Other offers follow and are accepted, and with this significant beginning drink overcomes him, and the toper without further impulse glides down hill until some circumstance or accident or appeal or the advanced hour of the night forces him to break off his revel. Days follow, he drinking a little every day, sometimes alone, more frequently in company. His nights become anxious, his appetite poor, especially in the morning upon rising. This is followed by disgust, by nausea, by an instinctive desire to combat the growing repugnance of the stomach by stronger and stronger drinks. At last, by a progression more or less rapid, after prolegomena more or less prolonged, he becomes a drunkard. In the history of the cure we shall not find an indefinite number of relapses. Among the thousands of cases which have come under the notice of physicians, it is with difficulty we can find any number of cases of true attacks which have been renewed more than five or six times during the course of life. Why? I do not know, but the fact remains positive.

This victim of alcoholism has more frequently succumbed to a series of seductions rather than to an irresistible appetite, or an instinctive desire for drink. In studying the history of the progress of a patient, one will find that it is an indifference or a faint-heartedness that has accomplished, for the most part, the decisive acts in his life. His wife will say that it is owing to vicious influences that he has been degraded. His mother will show in her youth an analogous lack of decision. At first his friends and companions are indulgent, and pardon his fault on the plea of feebleness of will or intelligence. Too late they find him utterly degraded and vicious. Alcoholic cachexia has already imprinted its stamp upon him. This sketch may seem overdrawn, but examine attentively these topers! In appearance they are mentally and physically sound, and you recognize that they are injured solely by their own weakness. Is there anything at all parallel to this in dipsomania?

Commencing in a single outburst repeated by force of the very abuse itself, springing up as a spontaneity without external provocation, dipsomania has its birth. Solitary, fleeing from his companions, obstinately proceeding, mute and invincible against all solicitations, fleeing from his companions who are congenial to

his pursuits, the dipsomaniac comports himself as those insane from Onanism. He sleeps heavily, abstains from intellectual effort, he escapes delirium, and does not undergo any other mental or physical troubles than those which pertain to drunkenness per se.

By a process gradual, by an incubation often long by a phase of preparation, habit aiding as the proverb has it, to form a second nature, by insomnia, agitation, and wild dreams at night, delirious hallucinations, by physical symptoms are you able to diagnose alcoholism in a manner as absolute and certain as in syphilis. As a last trait dipsomania is a malady of the upper classes, alcoholism of the lower. It suffices to recall that dipsomania, after a fashion, terminates inveterate drunkenness, and that alcoholism, after having undergone a number of attacks, presents a series of degenerations which have no parallel in the former case. I cannot close better than by repeating as conclusions the premises of this memoir, viz: Dipsomania and alcoholism are two affections without analogy, contrasted by their etiology, their course, their symptoms, their terminations and which can be classed only under the common term of abuse of alcohol.

**PTOMAINOID PRODUCTS.**—Ducloux also calls attention to these bodies (now poisonous) which occur in the stomach and pancreas digestion of several albumenoid bodies. The gastric juice is capable of producing a body from fibrin which reacts like curarin, while from the same body the pancreatic juice forms an alkaloid that resembles veratrin.

**NERVE-STRETCHING, URETER-STRETCHING.**—The London Medical Record quotes from the *Deutsch Medical Wochenschrift* a letter which gives a "fling" at the nerve stretchers. The writer speaks of ureter stretching for granular kidney. He has also stretched the hepatic duct for cirrhosis and intends to stretch not only the pneumogastric nerves, but also the bronchi for chronic contraction of the lung. He also asks, "Might not general paralysis of the insane be cured by simple extraction of the teeth and stretching of the respective twigs, of the dental nerves? I will



try it! A new era is dawning! Here is, indeed, an art, and while we live let us stretch!

### BOOK REVIEWS.

**THE CHANGE OF LIFE IN HEALTH AND DISEASE.** By Edward John Tilt, M. D., London. P. Blackiston, Son & Co., Philadelphia. W. T. Keener, Chicago, 1882.

This work is a clinical treatise on the diseases of the Ganglionic nervous system incidental to women at the decline of life. Dr. Tilt has written upon an important subject, a subject of interest both to the specialist and to the general practitioner, as the change of life may produce pathological conditions of the whole system or any part of it. Dr. Tilt has had a long practice and has seen many cases illustrating his text. In fact the first three chapters of his work mainly consist of lists of cases drawn from his own practice. This part could have been considerably curtailed and with profit to the reader. Something similar might be said of the rest of the work. We find scattered through it many ideas and precepts such as an observant mind would gain from long continued comparison and analysis. Its value is largely enhanced by numerous carefully compiled tables taken from five hundred cases. According to the present work, "diseases of the change of life" are such as occur for the first time, or recur with great aggravation during that period, variably as it is in each individual, but generally comprising the three years previous to and subsequent to, cessation. We heartily commend the pains-taking care which has been shown in its preparation. It fills a blank in medical literature, and gives much practical information.

**CONTRIBUTIONS TO PRACTICAL GYNÆCOLOGY** by S. James Donaldson, M. D. New York, J. H. Vail & Co. Chicago, W. T. Keener, 1882.

These contributions consist of practical observations upon uterine deflexions and dysmenorrhœa being the substance of two essays read before the New York Medico-Chirurgical Society. Such rapid advancement has been made in the study of gynæcology that we have the whole history of its errors and achievements within our own times. Dr. Donaldson clearly points out how prone we are to follow

those whose thought is a little more advanced than our own and how quickly we fall into error. Witness uterine stenosis as Simpson sets forth and how rapidly did the profession fall into line and religiously slit the uterine neck of all the women who were so unfortunate as to menstruate painfully, and so on through the whole history. No doubt there has much been learned and much been gained, and no doubt there is yet much to be learned. After reading the severe strictures on pages fourteen, fifteen and sixteen upon our ordinary diagrams and those of Thomas we turned quite eagerly to see the true one on page twenty-two. In our various dissections we have not yet found a rectum whose diameter would occupy one-quarter of the diameter of the superior strait of the pelvis; nor distended within the pelvic basin to the diameter of a well-filled bologna sausage. Nevertheless Dr. Donaldson points out clearly the beautiful lines of symmetry in the female figure and how careful nature has been to make woman fit for the upright posture. In chapter XIV the various ills of the much abused pessary are held up to light. The doctor claims for his own intra uterine stem pessary superiority over all others. It certainly has some objection. The soft rubber dam is too hard to clean. Again, the length of the uterine stem full two inches is fully as long and perhaps over the limit for safety to the fundus. If there is one good point more strenuously urged in this work than another it is the fact that a gynæcologist should be a man of good sound common sense and not given to laying upon the poor uterus all the ills that female life is heir to and abusing that organ in consequence. The thanks of the profession are due to Dr. Donaldson for his excellent monograph.

### THE ARMY.

**OFFICIAL LIST** of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Sept. 12, 1882, to Sept. 28, 1882.

Middletown, P., Asst. Surgeon. Granted leave of absence for one month, on Surgeon's certificate of disability, with permission to go beyond limits of Department. S. O. 103, Department of Texas, Sept. 20, 1882.

Carter, W. F., Asst. Surgeon. Relieved from duty at Fort Conchs, Tex., to report to commanding officer, Fort Stockton, Tex., for temporary duty as Post Surgeon. S. O. 103, Dept. of Texas, Sept. 20, 1882.

Powell, J. L., Asst. Surgeon. To report at Headquarters Dept. of Texas, to temporarily relieve Assistant Surgeon P. Middleton as Post Surgeon and attending Surgeon at Dept. Headquarters. S. O. 103, Dept. of Texas, Sept. 20, 1882.

Wright, J. P., Surgeon. Granted leave of absence for one month, with permission to apply for an extension of one month, on Surgeon's certificate of disability. S. O. 181, Dept. of Mo., Sept. 8, 1882.

Maddox, T. J. C., Asst. Surgeon. To proceed from Fort Clark, Tex., via San Antonio and Laredo, to Fort Brown, Tex., for duty. S. O. 96, Dept. of Texas, Sept. 8, 1882.

Skinner, J. O., Capt. and Asst. Surgeon. To take charge of Medical Director's office, Dept. of Arizona. S. O. 131, Dept. of Arizona, Aug. 22, 1882.

Barrows, Chas. C., Asst. Surgeon. Assigned to duty at Fort Grant, A. T. S. O. 130, Dept. of Arizona, Aug. 21, 1882.

Comegys, E. T., Capt. and Asst. Surgeon. Assigned to duty at Fort Supply, Ind. Ter. S. O. 174, Dept. Mo., Aug. 30, 1882.

Edgar, P. R., Asst. Surgeon. Assigned to duty at Fort Bowie, A. T. S. O. 134, Dept. Arizona, Aug. 25, 1882.

Smith, A. K., Maj. and Surgeon. Granted leave of absence for one month on surgeon's certificate of disability. S. O. 131, Dept. Arizona, Aug. 22, 1882.

Hubbard, Van Buren, Maj. and Surgeon. Orders to Fort Wingate, N. Mex. revoked. To report to commanding officer, district of New Mexico for duty at Fort Stanton, N. M. S. O. 174, Hdqrs. Dept. of the Missouri, Aug. 30, 1882.

Hubbard, V. B., Major and Surgeon. Assigned to duty at Fort Wingate, V. M. S. O. 172, Dept. of Mo., Aug. 28, 1882.

Brown, J. B., Lieut. Col. and Surgeon. Granted leave of absence for six months on Surgeon's certificate of disability. S. O. 200, A. G. O., Aug. 29, 1882.

Wakeman, William J., Asst. Surgeon. Assigned to duty at Fort Douglas, Utah. S. O. 91, Dept. Platte, Sept. 1, 1882.

Taylor, Morse K., Asst. Surgeon. Relieved from duty as Attending Surgeon at Detroit, Mich. S. O. 157, Dept. of the East, Sept. 9, 1882.

Shufeldt, Robert W., Capt. and Asst. Surgeon. Now awaiting orders to report by letter to the Commanding General, Dept. of the South, for assignment to duty. S. O. 209, A. G. O., Sept. 8, 1882.

Corson, Joseph K., Capt. and Asst. Surgeon. Granted two months leave of absence. S. O. 210, A. G. O., Sept. 9, 1882.

Bache, Dallas, Surgeon. Informed by Adjutant General of acceptance of his certificate of disability of August 31, 1882, on sick leave from September 1 to 30, 1882.

Horton, S. M., Major and Surgeon. Granted one month's leave on Surgeon's certificate of disability. S. O. 96, Dept. of the Platte, Sept. 11, 1882.

Wright, J. P., Surgeon. Granted one month's leave of absence, with permission to apply for extension of one month, on Surgeon's certificate of disability. S. O. 181, Dept. of the Missouri, Sept. 8, 1882.

Smith, Andrew K., Major and Surgeon. Leave of absence on Surgeon's certificate of disability granted in special order No. 131, August 22, 1882, Dept. of Arizona, extended two months on Surgeon's certificate of disability. S. O. 214, A. G. O., Sept. 4, 1882.

Bushnell, G. E., First Lieut. and Asst. Surgeon. granted leave of absence for one month. S. O. 147, Dept. of Dakota, Sept. 7, 1882.

Spencer, Wm. G., Capt. and Assistant Surgeon. Granted leave of absence for four months on Surgeon's certificate of disability. S. O. 219, A. G. O., Sept. 20, 1882.

Hopkins, W. E., Assistant Surgeon. Relieved from further duty at Camp Washington, Gaithersburg, Md., and will proceed to Fort Adams, R. I., and resume his duties at that post. S. O. 168, Dept. of the East, Sept. 22, 1882.

## BOOKS AND PAMPHLETS.

Transactions of the American Otological Society, Fifteenth Annual Meeting, Lake George, N. Y., July 25, 1882, Vol. III, part 1. A. Williams & Co. Boston, 1882.

Alonzo B. Palmer, M. D., L. L. D., Michigan. A Treatise on the Science and Practice of Medicine on the Pathology and Therapeutics of Internal Diseases, Vol. II. New York, Putnam's Sons. Chicago, W. T. Keener, 1882.

William Murrell, M. D. Nitro Glycerine as a Remedy for Angina Pectoris. Detroit, Geo. S. Davis, 1882.

Byron W. Griffin, M. D., Chicago. Sewer Gas and its Effects upon Health. Reprinted from the Chicago Medical Journal and Examiner, September, 1882.

Charles Denison, A. M., M. D., Denver. The Infectiousness of Phthisis. Reprint from Transactions of Colorado State Medical Society, 1882. Edwin Price & Co., Denver, 1882.

Geo. H. Noble, M. D., Atlanta. Abortive Treatment of Mammary Abscesses and the Cure of Fissured Nipples by means of a new and Effective Compress. Reprint from Atlanta Med. Reg., Oct., 1882.

V. H. Taliaferro, M. D., Atlanta. The Application of Pressure in Diseases of the Uterus Ovaries and Peri-Uterine Structures. Reprint from the Atlanta Med. Reg., Sept., 1882.

William Allingham, M. D., F. R. C. S. The Diseases of the Rectum, including Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus, etc., with Diagnosis and Treatment. Fourth edition. P. Blakiston, Son & Co, Philadelphia. W. T. Keener, Chicago, 1882.

Charles Higgins, M. D., F. R. C. S. Handbook of Ophthalmic Practice. Second edition. Philadelphia, P. Blakiston, Son & Co. Chicago, W. T. Keener, 1882.



# Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.  
CHARLES H. LODOR, ASSOCIATE EDITOR.

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## MEDICAL STUDIES IN THE NEAR FUTURE.

—In a recent lecture Dr. Mackenzie said that for himself he objected to all lectures with but few exceptions. He believes the days of lectures have gone by. Lectures were all very well in the middle ages before works were written, or at least widely scattered and still well enough for clinical purposes and also in cases where some instrument is to be described, or some mode of investigation to be exhibited but students will learn more from books. This points very much in the direction that medical thought is now running. When a student can be absent from the lecture room for half the term and then pass a satisfactory examination, it is time serious thought were given the matter. Entirely aside from this is the question of actual knowledge. Any student can gain by a clinical or bed side lecture more actual knowledge than can be gained from a dozen lectures. Not that careful study is to be neglected but that the two must go together, the reference book for study and the instructor to point out the way to use the knowledge acquired.

SHIP VACCINATION.—The following suggestion of the Immigrant Inspection Service is a good one: Vaccination performed prior to sailing has the advantage of enabling the steamship surgeon to judge of its effectiveness during the voyage; and it

would be a decided improvement on the present general plan of waiting until the last days of the voyage if the surgeon would perform the operation as soon after leaving port as practicable. This would give him an opportunity of noting the value of the virus and result of his work, besides facilitating the labor of inspection upon and after arrival.

## BOOK REVIEWS AND BOOK REVIEWERS.

—Reviews, whether medical or otherwise, can be classed under two heads: The commendatory and the slap-dash or abusive. Professedly it is supposed that in criticising a book it is first read and then, since all things human are found to err, some more than others, a fair balance is struck, the evil pointed out, as also the good. Not so! Like many other points in occult science, these matters cannot be decided a priori. Book reviewers of the first class usually begin after the customary preliminaries by stating that to any one familiar with the great skill and experience of the author of the work it would be unnecessary to mention more than the name, but for those who may not be so fortunate we venture to say that the text is beautiful, clear, and in the whole, is a valuable addition to medical libraries. Reviewers of the second class begin in a very different fashion. Upon first sight of the book, a terrible howl is raised, such as would

have awakened the seven sleepers. The coat is thrown aside at once and a general belaboring of all around takes place. Finally, when pretty well exhausted, both from loss of vituperation and of physical strength, a suspension of hostilities is declared, and what is left after the melee is allowed to pass unchallenged.

**SIGNIFICANT.**—The child of a janitor of a public school, in Cincinnati, died of scarlet fever, and was buried from the basement of the school building. Thirteen hundred children were exposed to the infection, but the first knowledge the public had of the disease was when health officers went to the school to disinfect it.

**POISONING BY ACONITE ROOT.**—The British Medical Journal contains a case of poisoning from aconite root, which discloses the existence of a degree of carelessness in dealing with crude drugs which is hardly conceivable. A young man picked up what he thought was a piece of horse-radish. Finding it palatable, he ate some, gave a piece each to three young men, one of whom gave a portion to his sister. Alarming symptoms of poisoning appearing in a short time, the five sufferers were taken to the Poplar Hospital. They all complained of a numb burning sensation in the mouth and throat, and there was partial paralysis of the arms and legs. For some time the issue was doubtful, but artificial respiration having been maintained for some hours, the symptoms gradually passed off, the patients all recovering. The supposed horse-radish was found, upon examination, to be aconite root.

**A NEW SIGN OF PREGNANCY.**—(Arch. de Tocologie, June, 1882.) In the first two months of pregnancy there exists no sign which may be called diagnostic. Jorissenne seems to furnish one. Long ago Graves formulated the law that in cardiac hypertrophy the radial pulsations remain constant, whatever the position of the body

Starting with the assumption that in pregnancy there exists an hypertrophy of the heart (and this assumption, if erroneous, will not affect Jorissenne's results) he has found that, whilst in health there is a variation of from ten to twenty beats in the radial pulsation, according as the body is upright or horizontal, in pregnancy, no matter what the position, the beats number the same. J. has been able to diagnose pregnancy as early as the first month when no other sign except the missing of a menstrual flow was present. When examining a patient for this sign, it is necessary to proceed with deliberation, first counting the radial for the space of fifteen seconds whilst the patient is standing, then sitting, then reclining. The order may then be reversed, and uniformly the same number of beats will be recorded. J. promises an explanation of the phenomena in a future paper.

**WAS IT HEMLOCK?**—The old controversy as to the "hemlock" with which Socrates was poisoned has been revived in France by the experiment of MM. Rochefontaine and Tyriakan. Taking the poisonous hemlock (*conium maculatum*), which is commonly accepted as the fatal plant, they have obtained the active element, cicutine, after a great deal of trouble, four grammes only being obtained from the treatment of fifty kilos of fresh leaves. Fifty centigrammes of cicutine were introduced into the stomach of a little dog weighing fifteen pounds with no more serious effect than to stupefy the animal, and death only ensued after sixty-five centigrammes of pure cicutine had been administered by subcutaneous injection, the time occupied being twelve hours. Experiments were also made by M. Tanret with the garden hemlock (*æthusa cynapium*), which has always enjoyed a bad reputation as the alleged agent of rural Borgias and as a plant apt to be gathered for salad or mistaken for parsley. He tried the juice of the plant upon rats and rabbits without injuring them, and



then, in the spirit of the true chemist, administered to himself a dose larger than would be found in the salad of a Nebuchadnezzar, but equally without inconvenience. And so there is a mountain of old straw awaiting with impatience the flail of scientific controversy.

**HÆMOPHILIA.**—The pathology as well as the treatment of this rare disease is still very obscure. Dr. C. R. Francis, in the *British Medical Journal*, records the history of a case which came under his notice. This patient, previous to the accident, as related, had several times nearly lost his life from uncontrollable bleeding in such slight injuries as the drawing of a tooth. Dr. Francis, knowing this when summoned to see him for bleeding at the nose, at once plugged the posterior nares. In time the patient recovered. Soon after this the patient had an attack of bronchial catarrh and lost much blood, which kept oozing away. As the season was cold he was taken at once into the cool air and acetate of lead was given, twenty grains at once, and ten grains more in a few hours. The bleeding was checked. In remarking upon the case, Dr. Francis calls attention to the fact that there was no antecedent history in his patient's case which would aid in the diagnosis of the cause. In India, he says, this condition is seen in snake bites, from some more than others. It is also met with in those who indulge freely in alcohol. The treatment he suggests is dietetic, an almost exclusive use of albuminous diet and entire abstinence from alcoholic beverages.

**ALCOHOLISM AND STRYCHNIA.**—According to M. Luton, of Rheims, (*Bulletin de Therapeutique*), says the *Medical Record*: One may observe in alcoholics a veritable excito-motor inertia of the spinal cord, capable of lessening the generally so marked effects of strychnia. Thus in individuals suffering from acute alcoholism, this drug may and must be given in large

doses to insure success. While in some cases three centigrammes of sulphate of strychnia injected by demi-centigrammes in the course of a day, suffice to relieve an attack of delirium tremens, in other instances more will be required. To an individual affected with delirium tremens, symptomatic of a varioloid, M. Luton has given hypodermically in fifteen hours, seven centigrammes of strychnia sulphate, with real benefit and without accidents of strychnism. M. Luton is of the opinion that in the alcoholic, because of an acquired tolerance, there is no absolute limit to the employment of strychnia. The principal point is to divide the dose so as not to inject more than a centigramme at a time. An interval of two hours suffices to exhaust the primitive or dangerous effects of the poison. It is necessary also to watch the patient closely, and to stop the remedy as soon as the delirium has ceased, and sleep has appeared, for from this time on inertia of the cord no longer exists, and the cumulative effects of the drug might otherwise suddenly manifest themselves.

**EPIDEMICS IN OCEAN WATERS.**—The commonly called seaweeds are cellular, flowerless, cryptogamic plants found in fresh, salt, hot and freezing water all over the world, and though many have roots, they are merely used to fasten the weed to the bottom. An interesting example of single-celled variety is the *Palmella*, or red-snow plant, that so often gives rise to tales of blood rains, the minute cells coloring the snow a rich red, so that the steps of those who pass along are dyed with seeming blood. The weed at the bottom has considerable effect upon the local coloring of the sea. In the Bay of Loango the color is a deep red, in the Gulf of Guinea a white tint, while upon the shoals about Japan the water is of a decided yellow. Near the Canary Islands the prevailing hue is green, and around the Meal-dive Islands almost black. The color of

the Red Sea is derived not from the bottom, however, but from an extremely delicate weed that floats upon the surface. A similar phenomenon has been observed upon the great salt lakes of the Thibetan water-sheds. Local beds of weed are often found coloring the sea yellow, red, green and brown, and often having a disastrous effect upon the living forms thereabout. Green patches appear occasionally upon the waters of southern Florida, destroying all life in the vicinity. One of the first of these patches was observed in 1844 by Benjamin Curry, of Manatee. In appearance it resembled long patches or areas of greenish matter, from 50 to 100 yards wide and a mile or more in extent, in which would be floating myriads of animals that it had destroyed. The sponges that usually turn white when the animal dies were black, and about the gills and mouth of the fishes there was a thick mucus. As soon as large fishes entered the green weed they seemed to lose control of themselves, dashed wildly about, and soon died. The last plague was in 1880, preceding the terrible hurricane of August.

**THE WISE CALIFORNIA PHYSICIAN.**—A California physician who discovered a new disease, love madness, has been experimenting with the persons afflicted therewith and has produced the "love parasite," or bacillus micrococcus. This he cultivates up to the twentieth generation, and with the parasites of that generation he inoculated a number of subjects. The inoculation was invariably successful, symptoms of the disease appearing in a very short time after the operation. A bachelor, aged fifty, on the first day after inoculation had his whiskers dyed, ordered a suit of new clothes and a set of false teeth, bought a top buggy, a bottle of hair restorer, a diamond ring and a guitar, and began reading Byron's poems. The inoculation produced symptoms of the same nature in a young lady of forty-five. She spent five dollars at a drug store for cos-

metics, bought a lot of new hair, and a croquet set, sang "Empty is the Cradle," sent out invitations for a party, and complained that the Chico young men do not go into society. An inoculated youth of seventeen, employed in a country store, did up a gallon of molasses in a paper bag, and also, in a fit of absent-mindedness, put the cat in the butter tub and threw some fresh butter out of the window. Finally, he sat in a basket of eggs while looking at the photograph of a pretty girl, and was discharged for his carelessness. The Chico doctor is still experimenting, and will soon lay the results of his observations before the medical world.

**DIFFERENTIAL DIAGNOSIS OF PULMONARY SYPHILIS FROM PULMONARY TUBERCULAR PHTHISIS.**—Dr. Engel, A. M., M. D., in the Medical Times, after citing a case of pulmonary syphilis, which ordinarily would have been diagnosed as pulmonary tubercular phthisis, gives the differential diagnosis of the two which he drew from the case mentioned. In the diagnosis of pulmonary syphilis the following points may be mentioned: The history of a specific infection, the primary sore, the bubo and the symptoms and signs of the constitutional disease; then possibly the presence of an ulcer, osteocopic pains or marks left by cicatrises of former sores; perhaps also the absence of any hereditary tendency, though this fact cannot be considered of great weight in the light of Koch's investigation concerning the true cause of tuberculosis. Lastly, all the symptoms and physical signs of tubercular disease of the lung, accompanied by frequent recurrence of a moderate hæmoptysis. In pulmonary consumption, however, the hemorrhages are not apt to be so frequent. The sputa are nummular in form, mostly thick, yellow, while those of pulmonary hues are usually brownish or reddish, sometimes gray. In the last stages of true tubercular consumption the clubbed appearance of the nails, due to absorption of the fat bolster



is never absent, while in pulmonary syphilis the nails give evidence of disturbed nutrition, but are never clubbed. The success of the anti-syphilitic treatment will always save the life of the syphilitic patient, while it would hasten the unavoidable fate of the consumptive. Some very interesting points can be gleaned in the pathology of the disease from the very ingenious work of Guntz (Berlin, 1881, and *Allg. Med. Centr. Zeitschr.*, 78, 1881.) Dr. Engel is of the opinion that iodide of potassium has been recommended for the cure of tubercular consumption, because cases of syphilitic infiltration of the lungs have occasionally been mistaken for pulmonary phthisis, and the success of the specific treatment warranted, considering the error of diagnosis, the assumption of iodide of potash being a sovereign remedy in tuberculosis.

**PULMONIC SURGERY.**—Dr. Koch, of Dorpat, communicates (*Deutsche Med. Wochenschr.*, 1882, No. 32) the results of two cases in Leyden's clinic in which he had operated for chronic putrid bronchitis with bronchiectasis. The first case was that of a man, aged twenty-four, with the physical signs of contraction of the right lung cavities in the right base, and catarrh of the right apex. The sputum indicated gangrene of the lung and was unaffected by treatment. June 26th, part of the right sixth rib was resected, and the two layers of pleura being completely united, the thermo-cautery was gradually pushed through the lung to the mediastinum. It opened a cavity of the size of a child's fist about three fingers breadth from the surface of the lung. The sputum expectorated sank at once from four hundred to one hundred and twenty centimeters daily. June 30th, part of the eighth rib was resected and the thermo-cautery passed through the base of the lung, without, however, entering any considerable cavity. Exploratory puncture with a syringe showed a purulent collection in front of the vertebræ; and on July

11th this was laid open, between the eighth and ninth ribs, below and internal to the angle of the scapula. The condition of the patient at date of publication (Aug. 5th) was most satisfactory, although the expectoration had not quite ceased, and it was proposed to explore still further the base of the lung. The second case, a woman, aged twenty-nine, was brought into the hospital with jaundice, and a putrid expectoration amounting daily to between eight hundred and one thousand cubic centimeters. After a preliminary aspiration of the right thoracic cavity on July 15th four inches of the sixth rib was resected, and, a hollow needle having been passed through the anterior axillary line, in the direction of the right auricle of the heart, the thermo-cautery was pushed in the same direction. Two inches from the surface of the lung it entered a cavity, about the size of the closed fist; and on pushing it upward and backward from this cavity as guided by exploratory puncture, it entered another cavity, of the size of a child's head, and containing one thousand cubic centimeters of putrid fluid. The cavities were washed out with thymol solution and three thick drainage tubes inserted. The patient collapsed after the operation, but remained alive for a week, during which time the expectoration was completely absent, and upon post mortem the surfaces were found covered with healthy granulations. The cause of death was less the operation than a phlegmonous inflammation of the portal vein, a lobular broncho-pneumonia of the base of the left lung from the presence of a foreign body, and a chronic septicæmia which had existed for some time. The writer promises a further communication on the subject, in conjunction with Dr. Heller, who is at present making extensive operations in Leyden's clinic. Meanwhile, he considers that operative interference is indicated in cases of single cavities, especially if near the surface, in cases of acute gangrene, and in rare cases of lung tuberculosis.

**THE LAST THING IN INCUBATION.**—M. Tarnier, says the *Lancet*, the surgeon of the Maternity Hospital in Paris, struck by the great mortality among infants prematurely born, and those which are very sickly after birth, has conceived the ingenious idea of constructing a box, which is almost exactly similar to the incubators used for poultry. This box is divided into two compartments, the lower one being used as a reservoir for hot water, while the infant is placed in the upper one, which is well stuffed at the sides, and fitted with a sliding glass cover. The temperature is maintained at 86° Fahrenheit, and M. Tarnier has found that by keeping infants in the incubator, for a period varying from two days to six weeks, their vitality is enormously improved. He has made experiments upon five six-months' children, six seven-months' children, and thirteen eight-months' children, and he has only lost two of them, whereas, according to his statement, three-fourths of them would have died, but for this adventitious aid to vitality.

**CHLOROFORM WATER.**—Attention is drawn in the *Medical News* to this highly useful preparation of chloroform as mentioned in the *Gazette des Hopitaux* of March 25th. It is shown by Professor Laseque and Regnaud that the solubility of chloroform in water does not exceed nine per one thousand. The solution is obtained by pouring an excess of chloroform in a bottle three parts full of distilled water, shaking the mixture repeatedly, and then allowing the insoluble chloroform to deposit until complete transparency is obtained. The separation of the saturated solution is then made by decantation or by means of a siphon. This, for internal use, requires dilution. The *Aqua chloroformi* of the British Pharmacopœia has a nominal strength of one in two hundred. Various salts, as chlorate of potash, borate, bicarbonate, and salicylate of sodium, may be dissolved in this

water without undergoing any modification. Professors Laseque and Regnaud are of the opinion that chloroform water, either pure or diluted, will meet every need in the internal administration of this substance. It is well calculated to disguise the unpleasant taste of various medicines, as castor oil, etc. It may prove useful in certain affections of the mouth, gums, teeth, velum, and pharynx, by its direct action on the mucous membrane. It exerts a stimulant action on the stomach, but it acts differently according as it is taken before, during, or after a meal, and according to the lapse of time that has intervened between taking the meal and the absorption of the chloroform. It is a bad agent when given before a repast, but given after a meal, whether alone or combined with wine and sweetened, it increases the stimulant properties of the wine or produces like effects. It is of great value when administered to allay the manifold disturbances which supervene during the course of digestion. Its maximum therapeutic action is obtained three or four hours after the meal, when functional disturbances show themselves by yawning, distention eructations, etc. But when the digestive disturbances are manifested by acute, lancinating pains of the stomach, palpitations of the heart, painful tympanites, etc., the action of the chloroform water is injurious; this stage contra indicates all forms of stimulants. It is a remedy for the crisis, but does not render needless the proper treatment-in-chief. It is eminently suitable in painful digestion arising from dilatation of the stomach.

**INFECTIVENESS OF MEASLES.** Dr. T. F. Pearse publishes in the *British Med. Journal* some observations of his upon the stages of infectiveness of measles. He concludes that the disease is infectuous when desquamation has apparently passed, likewise before the rash appears. The period of incubation seemed to be ten days. He asks if it differs communicated in various stages.



**TRANSFERABILITY OF ALOPECIA PRÆMATUREA.**—Simple, uncomplicated alopecia præmatura is probably looked upon by almost all physicians as a misfortune wholly irremediable by medical skill. In view of the almost universal preference given to the neuropathic conception of the disease, it is not surprising that very little reliance has been placed upon the aid of various disinfecting lotions and ointments recommended for it in the text-books. Of course, says G. Lassar and Rufus U. Bishop, in the *Journal of Cutaneous and Venereal Diseases*, no prospect of success can be reasonably held out under any mode of treatment when once the withered hair-follicles have been replaced by the growth of cicatricial subcutaneous connective tissue. But until the final stage of the malady has been reached, we should not abandon the hope of checking its advance so long as the hair continues falling out. In any case of alopecia, the affection must be regarded as still in active progress and as consisting essentially in such falling out rather than in any primary impediment to the growth. If, after a lapse of years, hairs are still produced, only to be lost, then they must have been growing at a time when the alopecia already existed. A case is given in which the contagious nature of the disease is demonstrated by transferring it to animals in whom no stoppage of capillary growth can possibly occur. Patient aet. twenty-five years in perfect health, was of a healthy family in which baldness had never occurred. He was especially free from nervous disorders, had never suffered from headache. He wore a full fair beard, and had a head of thin, delicate, light hair, originally abundant, soft and elastic, but which had almost entirely fallen off over a space extending from the forehead to the lambdoidal suture, and measuring about 10.5 cm. in diameter. Only the frontal region was completely bald. The hair of the bordering portions was lustreless and brittle, and could be easily removed, from six to ten hairs coming out at once when

gently pulled. The surface of the scalp revealed no traces of morbid action, excepting the marks of repeated scratching from slight itching. The hair and scalp were dusted over with scales of exceeding fineness, and these scales, together with the hair which fell during six days was collected from his comb and brush, and preserved in clear writing paper. The average weight of the daily portions was 0.298, or more than one-fourth of a grain. These hairs were then finely cut up and thoroughly blended with a mixture of vaseline and applied with an ordinary paint brush to skins of a rabbit and a Guinea-pig, both fully hirsute, in good condition, and with no cutaneous lesion. Each animal was well fed and cared for and occupied a separate hutch in a room having a uniform temperature of 15° R. At the end of three weeks a decided hair-atrophy was perceptible on the anointed parts, especially the head and back of both the animals, within a week portions of the hide as large as the palm of the hand became quite bald. There also occurred at the time of the falling of the hair a very abundant furfuraceous desquamation of the epiderm. In order to establish the crucial character of the experiment, another rabbit and guinea-pig were anointed with the hair collected from both the creatures under observation, rubbed up with vaseline, with the resulting appearances more strongly marked and more rapid in their extension than before. From rabbit number two a third was infected, which became the baldest of all. The patient had been receiving treatment as follows: The scalp was vigorously shampooed for fifteen minutes every day with a strong solution of tar-water, rinsed off by means of an irrigator with warm, followed by gradually cold water, and immediately rubbed dry with a coarse towel. A wash of sublimate solution (1.0 : 300.0 adde spirit. colon., glycerin aa 100.0) was next applied, the head again thoroughly dried, and a solution of naphthol (naphthol 0.5; spirit. dilut. 70.0; aq. dest., 30.0)

rubbed in. Lastly, carbol-oil  $1\frac{1}{2}$  per cent was slowly poured over the scalp entering the cleansed and expanded orifices of its glands in such abundance that twenty-eight gutta of oil could be used at a time. This was carried out daily for eight weeks. Three months after beginning treatment the patient's head seemed in a fair way of recovering in full its long lost honors. Immediately on the conclusion of the treatment, the fallen hairs amounted in weight to only 0.0058. per diem, about one-fiftieth of what it was before treatment. A rabbit was rubbed with these hairs, but no symptoms were elicited.

**RECTAL DISTENTION INFLUENCES THE PELVIC VISCERA.**—Dr. J. G. Gaison has been making numerous experiments to ascertain the effect of the distention of the rectum upon the other pelvic viscera. A rubber bag was used similar to that used for dilating the os uteri. After distention of the rectum the cadaver was frozen and sections made. The bladder was found entirely raised out of the pelvic cavity, the displacement following a plane parallel with the symphysis. The dislocation of the bladder was obtained not by raising of the perineum, but by stretching of the urethra in its so-called fixed parts. The prostate was stretched to nearly double its ordinary length and was flattened. The membranous portion of the urethra was not quite so much stretched, but was considerably longer than usual. The position of the peritoneum in front of the bladder is expressly noteworthy, being elevated above the symphysis in the section made some four centimetres, which would allow of the extraction of a large stone by the supra pubic method. In the female, the fundus of the uterus is raised and pushed forward to the level of the symphysis. These experiments can be made of practical import in cases where the abdominal walls are not too thick, it would materially aid in outlining the uterus, also in operating either upon the uterus or ovaries.

**NOVEL GYNECOLOGICAL CASE.**—H. L. Turney, M. D., Nashville, Tenn., writes that he received a note from a lady on Monday, August 21st, stating that her physician who was a homœopath, had introduced a pessary to overcome a retroverted uterus, and that she was suffering from it, believing it had fallen in among her bowels, and for me to send her word what to do. I sent word for her to remove it at once, and to be quiet until her physician arrived. After a few hours he was rung up again, and informed that the lady desired me to visit her. She informed me that the pessary was not in the vagina, but "in her bowels." I was incredulous as to the last, but I failed to find it in the vagina and could trace its outline very distinctly through the flabby posterior vaginal walls. I introduced my finger into the rectum where I found it peacefully resting. Anointing and dilating the sphincter and I hooked the index and middle finger in the link, and with less than one-half the trouble I anticipated, delivered her per anum of a large size Hodge pessary.

**A REMARKABLE GESTATION.**—In the Physician and Surgeon, Dr. Christian gives the following parturient history of a case coming under his notice. At her first labor she gave birth to twins. At her second labor she also gave birth to twins. At her third labor she gave birth to triplets. Seven children were born within four years, the weight of the triplets was twenty-nine and a half pounds. The woman was of medium stature.

**TRICHOPHYTOSIS CRURIS.**—The Journal of Cutaneous and Venereal Diseases contains an article by George Henry Fox, A. M., M. D., on the ring-worm or so-called eczema marginatum of the genital crural region, the diagnostic value of which will be appreciated by those not especially expert in cutaneous affections. The frequency with which the left thigh in the male is found to be the starting point of



the disease, writes the Doctor, is doubtless owing to the common custom of dressing upon that side. First there is a reddened scaly disc, of circular or oval form, which develops into a reddened patch, bounded by the outline of the scrotal contact; this is followed by a slight pruritic sensation, the patient being inclined to rub rather than scratch the affected skin. The other thigh becomes affected shortly after the disease is established. A somewhat symmetrical eruption results, although the patch upon the thigh first affected is almost invariably the larger. The disease is most active at the periphery of the patch, although the abrupt and gradually advancing margin, which is characteristic of ringworm of other parts, is frequently wanting in trichophytosis cruris. Frequently the border of the patch shows an eruption of discrete lesions of a papular vesicular or even pustular character, the invariable situation of which is at the mouths of the hair follicles, and which is indicative of their trichophytic character. A broad marginate band of a bright red hue, an inch or more in width, appears, formed by the multiplication of the discrete lesions. This, together with the development of circular patches, is accompanied by a decided increase in pruritus, which is often very annoying to the patient. Another peculiar feature of trichophytosis cruris is the sudden development of a line of lesions, usually vesicular, about three-fourths of an inch beyond the margin of the patch, a band of apparently healthy skin being inclosed, which becomes transformed in a few days into an inflamed marginal band.

#### ABORTIVE TREATMENT OF GONORRHOEA.

—Mr. N. Watson Cheyne (Lancet, August 12 1882) sums up the results of investigation of the abortive treatment of Gonorrhœa as follows: The use of one or two iodoform and eucalyptus rods, an injection of sulpho-carbolate of zinc, and the internal administration of copaiba—has the effect, in the great majority of cases of

acute gonorrhœa, of checking the acute symptoms in a day or two, and bringing the disease rapidly to the chronic stage, thus avoiding all the risks dependent on the violence of the inflammation. As injections are apt not to penetrate sufficiently far, and as their effect is only momentary, he combines the above substances with cocoa butter, and makes them up in the form of solid rods about 4 inches or 5 inches in length, and about the thickness of No. 10 catheter. These rods weigh forty grains each, and each contains five grains of iodoform and ten minims of eucalyptus oil. They are dipped into eucalyptus oil, introduced into the urethra, over the orifice of which a pad of boracic lint is applied, and outside this is a large piece of gutta serena tissue, the whole being fastened on by strapping, and retained for four or five hours, if possible. The cocoa butter soon melts, and a solution of iodoform in eucalyptus oil bathes the mucous membrane for some hours. The discharge at this time is very amenable to treatment, and gets rapidly well under the use of the above. All that he claims for the method, however, is that it cuts short the acute stage in the great majority of cases, and thus the patient escapes the dangers and pains incident to that stage. The essential parts of the method are the use of the bougie and the injection, but the rapidity of cure is much aided by commencing the use of copaiba or sandal oil at once. The method may be employed at any stage of the disease, but in his experience, it is only of use before or during the acute stage, up to (say) the eighth day. The result is the more marked, the more acute the inflammation, the rapid subsidence of the inflammatory symptoms being very striking. The addition of bichloride of mercury, though a powerful antiseptic, to the rod, or its use in the form of an injection, does not seem to be of advantage. It is possible that the combination of counter-irritation with this method may yield even more rapid and satisfactory results.

**A FOREIGN BODY IN THE AIR PASSAGES.**  
 —Dr. A. E. Benthall relates a case (British Medical Journal) which is of interest from the length of time the foreign body was retained. The patient, a strong, healthy man, had been shooting with a blow-pipe and dart and when he was about to blow the dart from the tube, coughed suddenly, and by the force of the inspiration the dart was drawn into his mouth. The patient supposed he had swallowed it, but Dr. Benthall, from the history of the case, etc., concluded it was lodged in the right bronchies. The dart was made of a strong needle two inches in length, around the blunt end of which a quantity of worsted was wrapped, sufficient to fit the half-inch calibre of the blow-pipe tube. For two days slight pain in region of bronchus was experienced, and a little cough with expectoration streaked with blood. Third day he had a violent fit of coughing with slight hæmoptysis. He remained very quiet for a fortnight, but upon resuming work had violent fits of coughing every three or four days with slight hæmoptysis and a taste of worsted in his mouth. This continued at intervals for eight months, when a violent fit of coughing brought up the thick end of the needle with some of the worsted still attached to the eye, together with a little blood. The piece of needle about an inch in length he extracted himself from the roof of his mouth. Six hours after a similar fit of coughing brought up the point of the needle. The needle had rusted completely through the middle.

**KOUMISS.**—Koumiss made at home costs about fifteen cents per quart. The following directions are given for its manufacture: Fill a quart champagne bottle up to the neck with pure milk; add two tablespoonfuls of white sugar, after dissolving the same in a little water over a hot fire; add also a quarter of a two-cent cake of compressed yeast. Then tie the cork on the bottle securely, and shake the mixture well; place it in a room of the temperature

of 50° to 95° Fahrenheit for six hours, and finally in the ice-box over night. Drink in such quantities as the stomach may require. It will be well to observe several important injunctions in preparing the koumiss, and they are: To be sure that the milk is pure; that the bottle is sound; that the yeast is fresh; to open the mixture in the morning with great care, on account of its effervescent properties; not to drink it at all if there is any curdle or thickening part resembling cheese, as this indicates that the fermentation has been prolonged beyond the proper time. Make it as you need to use it. The virtue of koumiss is that it refreshes and stimulates, with no after-reaction from its effects. It is often almost impossible to obtain good fresh koumiss, especially away from large towns. The above makes it possible for any physician to prescribe it.

**THE ALLEGED DIGESTIVE CAPABILITIES OF THE WHITE BLOOD CORPUSCLE.**—Owing to the analogy between the amoeba and the white blood corpuscle, the above has been suggested. It is even claimed by some that the white blood corpuscle is both the birth-place and grave of the red, or in other words makes them and eats them, so to speak. As the result of a large number of experiments Dr. E. A. Schafer publishes in the British Medical Journal his conclusions, which are opposed to the above belief. In no case observed did any particle entirely disappear by solution within the corpuscle. In some cases the particles became surrounded by a zone of clear fluid and included in this were moved about by the streaming of the protoplasm, but apparently were unaltered. Exception to this may perhaps be made in the case of the yeast *torulae* in which the distinction between the protoplasm and vacuole became obscure, but this could not be affirmed as due to anything but the indistinctness due to its position within the corpuscle. No matter how long they were retained, iodine always gave the



characteristic reaction, but the corpuscle itself occasionally gave a deeper reaction than usual showing perhaps that a minute quantity of starch had been assimilated. On the other hand, it was not found that white corpuscles, which had been abundantly fed with starch, exhibited, on subsequent treatment with iodine, more of the claret tinted protrusions, indicative of glycogen, than others which had not contained any starch granules. The results obtained showed clearly that any assumption of the possession of digestive powers by the white corpuscle rests upon an insufficient basis. Moreover, as this corpuscle inhabits a medium containing in solution all the elements for its nutrition, it is not to be expected that it could reduce them from solid to liquid.

NEW FACTS IN REGARD TO TOBACCO.—Dr. Decaisne of the notabilities of the Societe d' Hygrene (American Medical Weekly) after having carefully studied the cases of one hundred and twenty-four inveterate smokers, forty-three of whom were women, found that the narcotic action of the nicotine and other potent alkaloids present in the tobacco leaf had a peculiar effect upon the pulse, producing intermittency of the pulse, and also a peculiar condition of the blood itself allied to anæmia. The trouble was immediately relieved and ameliorated where smoking was actually given up. The Doctor offers no rationale of the action of the narcotic, and enters into no analysis of the disease now familiar to popular parlance as smoker's heart; but his observations are supplemented by those of a careful microscopic observer, who has discovered that the margin of the corpuscle instead of possessing the absolute regularity noticed in health, presents a series of scallops somewhat irregular in distribution. When viewed by oblique light under the microscope, this appearance is found to be due to the conversion of the corpuscle into a minute sac apparently containing some hundreds of spheri-

cal bodies about one four thousandth of a millimetre in diameter. In a few hours the sac ruptures and the imprisoned germs or organisms escape into the surrounding plasma to form bacteria when the conditions are favorable. A few such crenated corpuscles, in the proportion of one to three hundred and fifty, occur in the circulation of persons in normal health not addicted to narcotics, but in the opium and tobacco habits, when of long standing, the ratio is sometimes as high as one degenerated corpuscle to ten healthy ones and often attains the figure of one to twenty-five or thirty.

THE ACTION OF CALOMEL ON FERMENTATION AND ON THE LIFE OF MICRO-ORGANISMS.—A paper quoted in the Practitioner (London), with this heading, appears in the last number of Hoppe Seyler's Zeitschrift für Physiolog. Chemie, by M. P. Wassiheff, who, after noting the high estimation in which calomel has been always held in disordered conditions of the bowels, especially in children, points out the absence, with one or two exceptions, of any experiments to show or explain the cause of its influence. Voit, indeed, as long ago as 1857, observed that albumen and blood mingled with calomel were capable of being kept for days without any indication of petrefaction, and Hoppe Seyler made some similar observations; but, besides these, few, if any researches have been made on its action. In M. Wassilieff's experiments calomel was added to the fluid obtained by acting on albumen with pancreatic juice; and he satisfied himself that the albumen digesting ferment of both these fluids was not damaged by calomel, peptones in the one instance, and leucin and tyrosin in the other appearing as usual, but that the presence of this substance prevented the formation of the secondary products, such as indol and phenol. Neither hydrogen nor hydrogen sulphide formed in the fluids containing calomel, whilst they were abundantly produced by the others. In like manner the

author experimented on the effects of calomel on the fat-digesting and the amylotic ferments of the pancreas, and found that it had no modifying influence upon them, but that it arrested the changes which followed their completion, entirely preventing, for example, the butyric acid fermentation and putrefactive processes. He hence arrives at the conclusion that calomel acts differently on the formed or organized and the unformed and unorganized ferments, permitting the action of the former to proceed unchecked, but completely preventing the action of the latter.

CONTRIBUTION TO OUR KNOWLEDGE OF THE PERIPHERAL TEMPERATURE OF THE HUMAN BODY.—In his thesis for graduation, says the Medical Surgical Reporter, Dr. A. Romer has reported at length certain thermometeral observations on the temperature of the human body, made on himself. Of this careful work we find in the *Centrbl. f. d. Med. Wissench*, 1882, No. 46, the following extract, made by Prof. Senator: Romer, while living as regularly as possible, first made some observations while holding the instrument in his hand. He found, during the course of the day, far greater variations in the hollow of the hand than in the rectum, where the temperature was taken at the same time. In the former, these variations reached 6.10 C.; in the latter, 1.21 C., only. Notwithstanding outside conditions were the same, sometimes within twenty minutes the temperature in the hollow of the hand varied more than 2°, yes, even 3°, while at other times it continued nearly the same. A carefully kept record resulted in the interesting fact, that there existed certain variations at certain times during the day, but on some days the maxima and minima appeared somewhat earlier and were not quite so great. The course of the daily curve was found to be about as follows: After the temperature has been comparatively high during the night, in the morning at six o'clock a rapid

fall takes place, reaching its maximum soon after dinner; between one and three o'clock, again, a rapid fall ensues, so that from two to three hours later another minimum is reached. Between six and eight o'clock the temperature begins again rapidly to ascend, and only towards morning somewhat slowly declines again. This daily curve of the external temperature is in opposition to the rectal temperature, when compared with the daily medium. The latter shows from the morning at eight o'clock till the evening at nine o'clock, a higher temperature, but during all the other time of the twenty-four hours a lower one than the medium, while, with a few exceptions, the surface temperature records the opposite. Certainly these variations are caused by the regulation of the heat of the body, according to which an increase of temperature in the interior must, in the healthy body, be compensated immediately by variation of heat on the surface. But this compensation is disturbed in disease; so that the thermometeral record in disease is hardly affected by these observations; but the latter teach us not to consider always even considerable variations as a sure indication of disease; and it may be well to always take in important cases the temperature of the rectum, and to make a new number of observations of the human rectal temperature at night to find out the value of the statement, that even in the earliest prodromic stages of tubercular phthisis the thermometer (on the surface) shows an increase of at least one degree. If this should be found in the rectum also, and only in such cases, the fact would be of value; but if on the periphery only, then such persons would share this nightly increase of temperature with all healthy human beings. We further learn from this, with what cautions any so-called diagnostic or pathognomonic sign should be received, and that such sometimes find a totally different explanation, because central experiments are wanting.



## CORRESPONDENCE.

## PHILADELPHIA LETTER.

*Bi-Centennial—University of Pennsylvania—  
Transplanting a Part of a Rabbit's  
Conjunctiva to the Human Eye—  
Raw Oysters—Renal Cyst—  
Quinia de Remijio.*

PHILADELPHIA, Oct. 28, 1882.

Civilization has so far progressed that in heathen China humanity no longer sacrifices their kind to Juggernaut nor the sacred Ganges, nor do we as the Ammonites offer our children to Moloch. We celebrate bi-centennials, and make much noise and fire off bombs and rockets, which occasionally go off prematurely, scattering death and destruction. Our modern Moloch has been offered at one time seven victims entire, and twelve other sacrifices which were only a partial success. If the anniversary has produced no other good, it has offered considerable practice in surgery, if we take into account the direct accidents from it and the many fights always connected with such pageantry.

There seems no better time than this present to look back over our past history in medicine, and consider some of the many famous names connected with our history, names which are yet prominent in our active work through the energy of the posterity of these renowned men. The oldest medical school on this continent is the University of Pennsylvania founded in 1765, but medical instruction was given fifteen years before that by Dr. Thomas Cadwalader in Philadelphia. Two years after, the first permanent general hospital in the country was founded in this city. The first clinical instruction, the first medical library, the first dispensary in America, were all founded or organized in Philadelphia. In starting the Philadelphia Medical College, as the University was first called, Dr. William Shippen, Jr., professor of anatomy and surgery, and Dr. John Morgan, professor of the theory and practice of physic were the only men appointed. Their teachings were made to include all that was supposed to be necessary for the mental outfit of a physician. From this small beginning great things grew. As one walks around the college museum and sees the portraits of the able men who have worked for the advance of science in this

school, the feeling of pride which comes over us is certainly pardonable.

An interesting operation was recently performed by Dr. Wm. H. Little, at Jefferson Medical College. The case was a young man who had been badly burned by a stream of sulphurous acid some months ago. One eye was completely destroyed, and the other had a hazy cornea and adhesion of the upper eyelid to the globe of the eye. The lid was dissected free, and several pieces from the conjunctiva of a living rabbit were transplanted and fastened in the gap. The operation thus far is a success, the grafts retaining their vitality. Should the operation be warranted, iridectomy will be performed, which it is confidently believed will give the patient sight for ordinary use. He now has qualitative vision.

The eating of raw oysters has grown to an enormous extent in our city, and little or no attention has been given to the subject. Dr. William Roberts in his lecture on digestive ferment tells us that the practice in regard to the oyster is quite exceptional and furnishes a striking example of the general correctness of the popular judgment on dietetic questions. The oyster is almost the only animal substance which we eat habitually and by preference in the raw or uncooked state; and it is interesting to know that there is a sound physiological reason at the bottom of this preference. The fawn-colored mass which constitutes the dainty of the oyster is in its liver, and this is little less than a heap of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment—the hepatic diastase. The mere crushing of the dainty between the teeth brings these two bodies together, and the glycogen is at once digested without any other help than by its diastase. The oyster in the uncooked state, or merely warmed, is, in fact, self-digestive. But the advantage of this provision is wholly lost by cooking; for the heat employed immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

At the last meeting of the Obstetrical Society of Philadelphia Dr. W. Goodell exhibited specimens and read the history of a case of Renal Cyst. Before the operation he diagnosed the case as a cyst of the broad ligament. The pain was ex-

cruciating, and the abdomen was enlarged as by an eight month's fœtus. The growth was removed, and the patient made a good recovery.

The necessity for wide special instruction in physiology, and also in chemistry, is becoming more apparent every day. It is a question to be urged by every physician who considers himself at all a guardian of the public welfare. Accidents which are daily happening through ignorance would then no longer occur. A rather remarkable accident happened a few days ago which calls this fact vividly to mind. Benzine was used in a room where there was a lighted fire. The vapor exploded with great violence.

At the last meeting of the Academy of Natural Sciences Dr. H. C. Wood called attention to the sources from whence the cinchona alkaloids, quinia, cinchonina, cinchonidia, etc., are derived. These invaluable medicinal agents are at present obtained in the largest quantities from the cinchona trees indigenous to South America and cultivated in the East Indies, and are believed by many to be confined to and characteristic of these plants. As early, however, as 1824, a Brazilian physician named Remijio had called attention to the fact that certain shrubs growing upon the dry low-lands of Brazil had the power of arresting fevers.

The bark from these plants had been experimented upon, and found to yield two per cent. of quinia, and a new alkaloid named chinchonahine, not found in the bark of the chinchona trees. The yield of alkaloids by this so-called cuprea bark could not have been anticipated, as the plants are not so closely related to cinchona as is the cascarilla, which is comparatively worthless as a febrifuge. The name Remijia has been given to the genus in recognition of the services of the physician who first brought the shrubs into notice. In continuation, the speaker insisted upon the inestimable value of quinia as a remedial agent, and the importance of guarding against a decrease of the supply.

Were it not for its availability, the annual mortality from malarial fevers in many sections of the United States would largely exceed that due to the occasional visitations of yellow fever. He would, therefore, strongly urge the importance of cultivating the plants of the genus Remijia, which would undoubtedly flourish in the Southern States and California. He

believed such a measure should be actively encouraged by Congress from a purely sanitary point of view, although even as a commercial speculation he had no doubt such cultivation would bring in large profits, as the East India cinchona farms yielded seventy per cent of their cost. A committee has been appointed to investigate the matter. C.

ESTIMATION OF TIN IN CANNED FRUITS.—G. H. Palmer (Chemical Laboratory University of Mich.) gives the results of his analysis of canned fruits. The tin cans in which our fruits are purveyed to the general public are acted upon by the organic acids of the fruits. To what extent this action is carried on, is a problem which, when truly solved, is well worthy of the consideration of both packers and consumers. By careful analysis, from .089 grammes of stannic oxide to .41 grammes of the same were found in various specimens. The longer the fruit remained in the can the more contamination was found. The result is only what would naturally be expected, but six grains of stannic oxide is a large quantity to be found in a quart can of fruit.

SUCCESSFUL "MIDWIFERY."—At a recent meeting of the Obstetrical Society of London (Amer. Jour. of Obstet.), Mr. Hopkins Walters exhibited a uterus with one ovary and Fallopian tube, and a piece of omentum that had been torn away by a midwife in the attempt to remove an adherent placenta. The patient made an excellent recovery. This speaks well for the vitality of the patient in "this degenerate age."

BACTERIA IN NASAL DISEASES.—Dr. Frisch, in Wien Med. Woch., on the cause of "Chronic Thickening of the Mucous Membrane of the Nose," states that in twelve examples which he examined, staff-like bacteria were found. These organisms penetrated the cells of the lining membrane, and in this way excited persistent inflammation.



## LOCAL.

Scarlet fever is rapidly spreading in the city, but fatal cases are comparatively few. It appears probable that the fever will continue through the winter, but fortunately it is of a mild type.

PROFESSOR ROBERT BARTHOLO's work on the Practice of Medicine is being translated into the Chinese language.

With Chicago, as may be said, controlling the meat market in this country, the suggestion of Dr. Rauch is a good one. He thinks that there should be meat inspectors at this point, and that the work should be done by the State. The main thing is to have it done, providing it shall be done well, whether by city or State. A rigid inspection of the meat which is served out to the people of Chicago would be a move of the greatest consequence from a sanitary point of view. In a larger sense it would be of scarcely less value. One of the strongest objections which the Germans and the French used against the admission of Chicago meat was that the packing-houses here have no reliable system of inspection.

Dr. Gradle will deliver, on November 7th, at 8 p. m., the introductory lecture of a course of six or eight lectures, which will be delivered by him at the Chicago Medical College. There will be one lecture a week, and it will be illustrated.

The Minnesota College Hospital is a success as far as the opening exercises are concerned. It is a good omen that in the new and growing parts of the country such enterprises as the above can be formed and maintained.

Small pox has started out on its winter ravages and to prevent its spread will require the combined efforts of the profession. It is a great deal easier to stamp out the disease now in its incipency than when the disease has been widely spread through neglect and carelessness, and

everybody wakes up with a big scare to find that there is something to be scared about. The energetic efforts of Dr. De Wolf are timely and deserve not only the commendation but assistance of the profession.

Report of the Immigrant Inspection Service during the month of September in the Western district: During the past six months there have arrived and been inspected in this district, comprising the States of Indiana, Illinois and Missouri, a total of fourteen thousand four hundred and four immigrants, of which number two thousand nine hundred and eighteen, or about one-fifth, were found unprotected against small-pox, liable to contract the disease and propagate the contagion. Of these two hundred and thirty-four had never before been vaccinated, among which were many adults. There were found in transitu five cases of small-pox, which were removed to hospitals in St. Louis and Chicago respectively, the necessary precautions taken with those who had been exposed, and the cars and belongings thoroughly cleansed and disinfected.

A semi-monthly meeting of the Chicago Medical Society was held October 16th, Dr. John Bartlett in the chair. Dr. Roswell Park read an essay upon The Present Status of Scientific Surgery. Without further detail, the speaker took the germ theory for the basis of all antiseptic surgery. Before proceeding to the subject proper, a few moments were devoted to the consideration of the micro-organisms which are found in suppuration. The general rule was given that the nearer these approach the spherical or dumb-bell shape, the less injury they do; while the more slender and rod-shaped they become, the more injury they do. Attention was then called to certain experiments of Chauveau's and his 'experience du bistournage.' This bistournage is performed by subcutaneously rupturing the spermatic cord by

torsion. The testicle thus freed is separated from most of its sources of nutrition, and yet does not putrify but simply atrophies. If putrefactive germs be introduced into the blood, the result is the opposite. To prove that the bacteria had been the cause of the putrefaction, they were carefully removed by filtering. The result was negative. To vary the experiment two rams were taken and bacteria injected into both, same quantity into each and then bistournage was performed on one, and in this one only did putrefaction occur. Again, when bistournage was performed on one testicle before injection and on the other after, putrefaction took place only in the latter. Another point mentioned was the fact that sphero-bacteria seem to be more or less inimical to the more poisonous rod-shaped bacteria; the former very rapidly exhaust the nutritive fluid in cultivating solutions and starve out the latter.

To prevent access of these poison germs to wounded surfaces, we have the chain of precautions known as Listerism. Following Mr. Lister and his disciple, Mr. Cheyne, we ought to distinguish between aseptic and antiseptic surgery. The former means include a series of measures calculated to absolutely exclude every living germ from lodgement on the wounded surface or in the dressing. To this end, there is probably but one known way and that is in the strictest form of Listerism. In antiseptic surgery a much wider field is open to us. At the recent Congress of German Surgeons, it was stated that nothing was now left of the original Lister system among those who still professedly believed the creed.

Dr. Park then took up each point of Listerism in detail and their substitutes. He spoke first of the Spray, which he said even Mr. Lister himself considers of the least importance in his system. In the German Clinics the atomizer is seldom seen. It is chiefly used during operations when serous membranes are exposed. A frequent practice is to keep very large atom-

izers playing in the room for an hour or two beforehand, but when the patient appears the apparatus is removed. As to the substitutes for phenol in the spray, thymol has proved unworthy, salicylic acid is better, acetate of alumina is still too untried, peroxide of hydrogen is too unstable, eucalyptus bids fair to prove a success. Altogether the present tendency is to make the use of the spray the exception rather than the rule.

The protective was an essential feature two years ago. Now it is much less often used. It, however, serves this useful purpose, it keeps the cotton from adhering to the wound. No noteworthy change has been made in the use of drainage tubes. They should be made of red rubber instead of black, as the free sulphur in the black acting on the lead in the protective gives a false indication of decomposition. The gauze perhaps holds its own. It is used in much the same way. Last of all for the outside bandages the Germans are now using a very fine, thin sort of muslin goods. It is soaked in carbolized water just before application and then can easily and snugly be adapted.

As to other means of obtaining the above results, some of them are well worthy of attention. An important question is this: If the spray is of doubtful utility do we need any substitute? Probably we can accomplish all that is necessary by practicing irrigation with carbolized water.

Of the various antiseptics, the following deserve consideration, thymol, potassium permanganate, alumina acetate, zinc chloride, resorcin, salicylic acid, alcohol, glycerine, eucalyptol, boracic acid, naphthalin and iodoform. Summing up the results of each as given by Dr. Park, we find thymol of little use. Potassium permanganate serves well for irrigation and washing out purulent cavities and general cleansing purposes. Alumina acetate is too little known yet to decide upon its value. Salicylic acid has some



advantages over carbolic acid. It is non-irritating, has no odor nor caustic effect, but is only slightly soluble. It can be used at times to be dusted upon the surface. Alcohol is a most efficient antiseptic. Glycerin has been too little used. Dr. Park cannot but think that the more anatomists and surgeons use glycerine, the more they will like it. Preparations from the eucalyptus are gradually working their way into favor, especially the oil. Boracic acid is too sparingly soluble to be of much service, save as it may be applied in dry powder, but in such cases it hardly has a superior. Cotton dipped in a saturated solution of it and dried is equal to the best Lister gauze, and is entirely too little used. Naphthalin has not been tried this side of the ocean. It is as good as boracic acid, and many times cheaper. It is insoluble in water but soluble in four parts of ether. Iodoform has been much written about. Dr. Park says it is steadily gaining ground in spite of much bitter opposition. Dr. Park exhibited the latest model of Gussenbaurer's artificial larynx, and made some remarks upon extirpation of the larynx. He also showed Junker's inhaler for bichloride of methylene and several other new instruments.

The paper was discussed by Drs. C. T. Parkes, E. Powell, C. T. Fenn.

THE publisher wishes copies of the March 5th, 1881, number, and will pay twenty-five cents for same, sent to his office, 69 Dearborn street, Chicago.

### BOOK REVIEWS.

**NITRO-GLYCERINE IN ANGINA PECTORIS.**  
By William Murrell, M. D., Geo. S. Davis, Michigan, 1882.

Dr. Murrell has made an interesting study of this dangerous drug, and while not giving any clear physiological study of its action, points out its use in the above trouble—angina pectoris. The safe dose

to begin with, according to his experiments, is one drop of an one per cent. solution, although cases are mentioned where much larger doses could be borne, and again cases where even so large a dose was followed by dangerous symptoms. Any remedy which will give relief in the dreadful paroxysms of pain incident to angina would be worthy of mention. The effects claimed from nitro glycerine, while similar to nitrite of amyl, are more lasting. The history of a number of cases is given from which can be gained a clear idea of the value of the drug. The disease is a desperate one and so is the remedy. The subject deserves further study. No one can read Dr. Murrell's clearly drawn sketches without not only feeling an interest in the test per se but recognizing the hand of one skillful in his art and calling.

**ESSENTIALS OF VACCINATION.** By W. A. Hardaway, M. D., St. Louis. Chicago, Jansen, McClurg & Co., 1882.

This little work is a compilation of facts relating to vaccine-inoculation and its influence in the prevention of small-pox, and is not intended to be a comprehensive treatise on vaccination, but contains the important facts of the subject. The first chapter takes up the history of vaccination and in concise form states the facts. The second chapter considers variola in animals, chapter three the nature of vaccinia. The remainder of the book, excepting the last chapter, is taken up with a consideration of all the points of practical interest. Dr. Hardaway advises the abrading of the surface for inoculation and the use of the vaccine with a lavish hand. The points as stated while containing nothing new cannot but recommend themselves to every physician. The last chapter is taken up with an examination of the objections to vaccination. The matter is placed in a clear light, and we can say that facts speak louder than the noisiest assertions.

**ASTHMA, ITS PATHOLOGY AND TREATMENT.**  
By Henry Hyde Salter, M. D., F. R. S. New York, W. Wood & Co. Chicago. W. T. Keener, 1882.

One of the first patients a practitioner is likely to have at the outset of his professional career, will be some long standing

case of asthma, a case which has gone the rounds, suffered many things of many doctors and rather worse than better for it. Naturally he desires to know what is to be done. Dr. Salter has gathered together in his work the whole literature of value upon the subject. He says the disease is not so very uncommon if we but examine for it and it certainly is peculiarly intractable. The first chapter is taken up with the consideration of some nine different theories concerning the pathology of asthma. In the second chapter Dr. Salter states what he believes to be the true pathology, namely that asthma is essentially, and with perhaps the exception of a single class of cases, exclusively a nervous disease: that the nervous system is the seat of the essential pathological condition, the phenomena being those of excito-motory or reflex action, that the phenomena of asthma are due to spastic contraction of the fibre-cells of unstriated muscular tissue in the bronchial tubes, that in a large number of cases, the gastric and pulmonary portions are the seat of disease. There are cases in which the sources of irritation are outside of the nerve circuit mentioned. They may be central and not reflex or the paroxysms may be essentially humoral. The last would seem open to question. Dr. Salter believes that in the asthmatic the bronchial mucous membrane becomes so sensitive as to notice in the blood normal constituents and to be irritated by them, and mentions a case in which the only time the patient would have an asthmatic attack was during a meal. As this occurs no matter what is eaten, we would naturally exclude the idea of the attack being due to any one substance, and it would seem likely then in the case mentioned the attack was due to the fact that the diseased mucous membrane would suffer a temporary congestion from the increased quantity of blood in the circulation during and after a meal. The remaining chapters are taken up with the history of asthma, its varieties, consequences, treatment, etc. Concerning the treatment of asthma nothing can be claimed as a specific. Dr. Salter shows clearly that each case must be treated on its own merits. A very valuable part of the book will be found in the tables of cases, numbering two hundred and twenty-three. A synopsis of each case is given. The book merits careful study and will repay the time spent on it.

## ORIGINAL CONTRIBUTIONS.

### *PELVIC CELLULITIS.\**

#### *Its Prophylaxis and Treatment*

BY E. C. DUDLEY, M. D.,

Professor of Gynæcology—Chicago Medical College.

*Gentlemen:* Having considered in the three previous lectures the history, pathology, symptomatology and diagnosis of pelvic cellulitis, we come now to the more practical part of the subject, namely, the treatment, but before considering this, let us look briefly at the prophylaxis. It will be remembered that in speaking of the etiology of cellulitis it was noticed that patients who had previously suffered from this disorder are very much predisposed to a recurrence; that a previous attack, in other words, is a powerful predisposing cause. It follows then that greater precaution should be used with reference to those persons who have previously suffered from this disease.

The prophylaxis in this connection arranges itself under two divisions:

#### THE PASSIVE AND ACTIVE.

The first includes a consideration of those proceedings which should be avoided as likely to induce the disease; the second, those which should be enforced as most likely to prevent its occurrence.

#### PASSIVE PROPHYLAXIS.

Remember what is now said is important and should be heeded in every gynæcological case that comes before you; but that it is many times more important in these cases which have been predisposed by previous attacks. The patient should avoid above all things chilling of the feet. Instruct her never to step on the floor even in houses thoroughly heated by a furnace unless the feet have been well protected. Many an invalid for life dates her misfortune from pelvic cellulitis caused by walking about her room at night in night clothing and with bare feet. See that your patient is well supplied with underclothing which, in this climate, should be worn at all seasons. The best is made of silk, and if that be not heavy enough, let flannel be worn over it. Thin silk underclothing will be found especially useful for summer wear, because it protects without overheating. Instruct your

\*A lecture delivered before the Senior Class of Chicago Medical College, October, 1882.



patient in all hygienic rules. She must avoid sexual excess and over fatigue in particular.

If you contemplate the performance of any surgical operation upon the pelvic organs, see that the tissues surrounding the uterus are free from any of the evidences of recent cellulitis. A mild application to the uterine canal or cervix, the introduction of the most delicate probe, even so slight a thing as the digital touch, have each been known to produce fatal inflammation in patients predisposed by former attacks.

#### ACTIVE PROPHYLAXIS.

Unfortunately, however, even with the greatest care, you cannot absolutely assure any patient who receives gynecological treatment from the possibility of an attack. It will, therefore, be your duty, whenever you have performed a surgical operation upon the uterus or of any of its appendages or upon the perineum, to consider your patient in danger of acute cellulitis and so protect her by all the means at your command. You have been told in your lectures on pathology that relaxation of the minute blood vessels is essential to a commencing inflammation because it is only by means of this relaxation that active congestion takes place, which is an early phenomenon in an acute inflammation. This relaxation is due to a paresis, longer or shorter in duration of the vaso-motor nerves. Manifestly your active prophylaxis must have for its object the prevention of this paresis. Three remedies at once present themselves. They are quinine, morphine and cold. The quinine should be given in moderately large doses and you would do well to commence its use before the operation. Give tonic doses for three or four days previous and then ten or twelve grains in a single dose about four hours before the operation. In this way the maximum effect of the drug will correspond to the time of recovery from the shock of the operation. Give, during the next twenty-four hours from twenty to thirty grains of quinine, divided into three parts, at intervals of eight hours. From this time on, if there is no evidence of inflammation, the tonic doses may be resumed. Moderate doses of morphine should be given during the first twenty-four to forty-eight hours after the operation, and if pain be present, the dose should be sufficiently large to control it. There is no combination of remedies against commencing in-

flammation upon which so much reliance can be placed. In addition to this, the application of ice should be made over the hypogastrium to be discontinued at the end of forty-eight hours if the temperature and pulse are normal and there is freedom from pain. If you will select your cases carefully and make use of these preventive measures, you need have little to fear from pelvic cellulitis.

In this connection, a word respecting the use of hot poultices on the hypogastrium as a prevention against cellulitis. You are aware that this latter is the usual means employed. It is well known that applications of heat will cause contraction of the small blood vessels, but the heat must be of sufficient intensity and sufficiently uniform. This is illustrated by the promptness with which hot water controls hemorrhage. It is also well known that the application of cold produces the same result if the cold be sufficiently intense and uniform. Now, these conditions of intensity and uniformity are essential to success, and if present it matters little whether heat or cold be employed. In the use of the ice an absolute constant temperature at the freezing point is maintained, but with the poultices the temperature, which is perhaps correct at the time of application, soon falls to a lower degree and finally becomes indifferent that is neither hot nor cold. Moreover the nurse will perhaps leave the poultice in place long after it has become cold, or if she makes frequent attempts to change it the patient may be without the application during the time consumed in making the change. The poultices besides are open to the objections of being troublesome, disagreeable in odor and filthy. The ice may be applied by means of ice bags made for the purpose or if these cannot be obtained the following means may be improvised: Take a piece of thin sheet gum rubber, such as is used for bandaging, about two-thirds of a yard square, spread it out on a flat surface and place in the middle of it pieces of broken ice, enough to cover a surface about eight by five inches. Then gather up the sides of the rubber and secure the ice by means of a cord tied tightly around these gathered sides. Apply this ice bag to the lower portion of the abdomen, with one, two or three thickness of flannel between it and the skin. A piece of oiled silk or a bladder may be used in place of the rubber if necessary.



Without going exhaustively into the pros and cons of this question between the use of cold or heat, let me say that I have during a service of eighteen months at the Woman's Hospital, in the State of New York, made use of hot flax seed poultices in cases of anticipated cellulitis, and generally with unsatisfactory results. Indeed it was the exception when any patient escaped after this treatment. During the past four years, both in hospital and private practice, I have quite uniformly, in all cases of anticipated cellulitis, employed the treatment of quinine, morphine and ice, and I have yet to see the first case in which cellulitis has followed. Moreover I have in view of the security which these results imply, attempted operations upon the pelvic organs, which I would not have dared to attempt under the former practice. Do not understand me as saying that this treatment offers anything like absolute security, but rather let me repeat, that you must anticipate cellulitis after every gynecological operation and do your utmost to guard against it. It is even true that one cannot become a successful gynecological operator who does not thoroughly appreciate the importance of this disease. Therefore have it always before you.

The remaining portion of this lecture will be given to the consideration of the treatment of cellulitis after effusion has taken place. It naturally divides itself into two parts, viz.: I. Treatment during the stage of effusion, before suppuration. II. Treatment after suppuration.

#### DURING STAGE OF EFFUSION.

From the time when effusion takes place until the commencement of the suppurative stage, your patient will require attention as follows: Everything that has been said relative to the prophylaxis or preventive treatment also applies during the stage of effusion, and for two reasons: First, The inflammation is likely to extend, so that new tissue may become involved at any time. This renders the preventive treatment still important. Second, This same preventive treatment is also exceedingly valuable, not only as prophylaxis, but also for the purpose of combating inflammation during the stage of effusion. Continue then the ice, quinine, morphine, et cetera, as before, and in addition to these means add the following: The patient should be placed in bed and there confined. Nothing is more dangerous than to permit her during the stage of effusion,

while the inflammation is active, to go about. Particular attention should be paid to the matter of cold feet. See that they are kept warm by the use of bottles of hot water, hot bricks, or by any means at your command. Administer hot drinks, apply leeches to the perineum, not one, but five or six, in order that the abstraction of blood may be decided. Apply a blister about three inches square over the cutaneous surface in the inguinal region on the side corresponding to the side on which the inflammation exists. Let this remain till a perfect blister is formed, then dress the blistered surface with lint and vaseline or with some other mild application. The bowels will sometimes be confined, sometimes relaxed. They should be treated on general principles. Do not permit large accumulations of fecal matter to collect in the large intestines, as this by its mechanical pressure would serve powerfully to provoke irritation in the inflamed neighboring tissues. Do not permit the bowels to be very much relaxed, as frequent evacuations necessitates so much activity of the bowels as to cause injurious irritation. You will generally find that the opium required to quiet pain will be adequate against undue relaxation. If it becomes necessary to evacuate the bowels use a gentle not a drastic cathartic. Sometimes small enemata of castile soap suds and glycerine will serve the purpose perfectly and with less disturbance.

But the most important remedy in this stage of the inflammation remains yet to be mentioned. Its value is not wholly confined to this stage of effusion, but it is also useful in the prophylaxis. I refer to the prolonged, efficient application of the hot water vaginal douche. This should, if it is to be of great use, be employed literally for hours.

Let the patient be placed on her back with the hips elevated on a large bed pan. This bed pan should have, if possible, a drainage tube leading from its bottom to a bucket below, so that the water may be carried away as fast as it flows into the pan. In this way you will prevent the disagreeable accident of flooding the bed by an overflow. Let the patient be made comfortable by means of pillows or cushions placed about the pan and under her back. The knees should be drawn up so as to relax the abdominal muscles; then pass the tube of the syringe into the vagina and let the hot water be injected. I



say hot water and emphasize the word hot, because of the fact that these douches are usually given with simple warm water, which instead of stimulating the capillary vessels to contraction only causes them to become more relaxed, and thus actually defeats the object for which it is being applied. The water should be used at a temperature of from a hundred and ten to a hundred and twenty or twenty-five degrees; the higher temperature is preferable if the patient can bear it. It should be used several times a day, and its application prolonged to the extent of the patient's endurance; but do not carry it so far as to exhaust her. If the water is applied in the manner described and is of sufficiently high temperature, you very likely will succeed in arresting the inflammation in the stage of effusion, and of securing very prompt absorption of such fluid as may already have been effused. If you fail in this you will at least have modified the attack so far as to perhaps prevent the next stage of this disease, viz.: *the formation of pus*. But once more let me caution you to see that the water is applied hot. The intermittent current of Davidson's syringe is preferable to the constant current of the fountain syringe. For this statement we have the authority of as eminent a gynecologist as Dr. Emmett, of New York, who is very strenuous in his requirements of the Davidson's syringe.

#### TREATMENT AFTER SUPPURATION.

We now have what is known as pelvic abscess. This is the last stage of pelvic cellulitis, or the stage of suppuration. Its treatment is divided into two parts, the constitutional and the local. The constitutional treatment will readily suggest itself to you or general principles. It involves the consideration of the general health of the patient, and requires the use of good food, tonics, regulating of the bowels; in fact, you will include under this head all suitable hygienic means. The local treatment may be expectant, that is you may await the action of nature, hoping that she will effect a cure, either by absorption of the pus or by causing it to break through and be discharged spontaneously, or the treatment may be surgical; that is, you may conclude to make a free incision into the abscess and evacuate the pus, and establish drainage. If you are satisfied that there is a collection of pus which can be evacuated by an

operative procedure, I should pronounce unhesitatingly in favor of that course. Undoubtedly many patients die every year, whose lives could be saved by the evacuation of pus confined in pelvic abscesses. Occasionally you will have a collection of pus so near to the vagina or cutaneous surface as to make you quite sure that if left alone it will break and discharge itself upon one of these surfaces. Then if no serious constitutional disturbance traceable to the absorption of that pus be present, you may wait; but unfortunately, as you know, the pus contained in these abscesses if left to itself is liable to burrow throughout the cellular tissue of the pelvis, forming innumerable fistulous tracks in all directions, or it may burst into the peritoneal cavity, or into the rectum, or may constitutionally so effect the patient by absorption that death from blood poisoning seems certain. In view of these dangers it is better to follow a general principle of surgery which is well established, viz.: *to evacuate the pus*.

Having decided that an operation must be performed it is time to consider the most suitable time for its performance. Bear in mind what was said in the history of this disease; that several pelvic abscesses frequently form in close proximity to each other, and that the walls between these abscesses may, in time, break down, so that the cavities finally open into each other and form practically one abscess. Now if the operating be done before this takes place the patient, still having confined pus in other abscesses, may not be relieved. But if the operator wait till the coalescence of the several adjacent abscesses has taken place he will then, by opening one, be able to drain all. Moreover, by the early opening of the abscess while the acute stage of inflammation may still be in progress in the adjacent tissues the operator may excite still more acute inflammation and in this way injure his patient. It is difficult to formulate a rule in words as to time, but I would say briefly, wait so long as there is no marked constitutional infection and so long as you do not fear rupture of the abscess into the peritoneum, rectum or bladder.

Having decided when to operate next comes the question, where. The best place to open an abscess is through the cutaneous surface; but if this be not practicable then open in the next best place, through the vagina. The region just back and to



one side of the uterus is usually nearest the pus and is therefore most commonly selected. By all means keep out of the rectum. The reasons are that any bleeding which you may cause can only be checked with great difficulty in this location, and such an opening admits the passage of fecal matter into the abscess cavity, the disadvantage of which you will readily appreciate.

Next, you must consider the means and manner of operating. The trocar and canula are objectionable, because the opening which they make is so small that it may quickly close and permit real cumulation of pus. The knife, when the pus is not too deeply located, may be found a useful instrument. The aspirator and knife combined are to be preferred, because with the former you can safely make a very small puncture, and verify your diagnosis without admitting air into the supposed abscess cavity, while with the latter you may use the aspirator needle as a guide to make an opening sufficiently large for the establishment of thorough drainage. I have had made an aspirator needle grooved on one side so as to make it at the same time a grooved director. Upon this, as a guide, you will have no difficulty in enlarging the opening with the knife; and you will then be sure that the opening thus made leads into the abscess cavity. You will appreciate the importance of this when you have made an attempt to evacuate one of these abscesses. I advise you, however, not to withdraw all the pus from the abscess before using the knife; draw only a little, just enough to verify your diagnosis. Then while the abscess walls are yet tense push in the knife along the grooved needle and you will not experience the difficulty of opening a cavity already collapsed. Even better than the knife is a pair of straight or slightly curved scissors with a long sharp point, because, with these, by spreading the handles it may stretch and tear the tissues instead of cutting them and thereby avoid great danger of hemorrhage. Scissors may be used along the grooved director and you will be surprised at the freedom from hemorrhage.

Make the opening large enough to introduce the index finger, and with the finger in the abscess cavity break down any loose soft tissue which you may feel there, forcing your way through the walls which exist between the various abscesses. Be careful

not to tear through into the peritoneal cavity, bladder or rectum. Remember that the presence of fetid pus indicates gangrenous tissue which must be broken down and removed before the patient can recover. After thoroughly washing out the abscess cavity with warm water, then displace this with a three per cent solution of carbolic acid, and then displace the three per cent solution with a one per cent solution. The reason for using pure water first instead of the three per cent solution is because the latter causes coagulation of the pus, which renders it more difficult to be discharged. When the pus has been thoroughly washed out then the three per cent solution is useful to disinfect the cavity. This in turn is to be displaced by the one per cent solution to avoid any possible danger of carbolic acid poisoning, which might pertain to the stronger solution. When this has been done introduce a large soft rubber drainage tube, not less than one-half inch in diameter. It should be doubled upon itself with the vertex at its middle point, or as to bring the two open ends together and freely perforated with large holes which may be made on both sides at its looped extremity by means of a pair of scissors. Introduce this into the bottom of the abscess. These perforations should be throughout only that part of the double tube which is concealed in the abscess cavity, and before introduction one side of the doubled tube should be fixed to the other by means of disinfected silk thread, passing the thread through the opposing rubber surface by means of a sharp needle. The unperforated portion of this double tube which extends down through the vagina should be large enough to reach from its point of introduction out of the vulva, a distance of about six inches. The double tube is to be secured from accidental withdrawal by means of a silk stitch which should be passed by a needle through the vaginal tissues at the point of introduction and through the nearest portion of the tube. Now, by means of this tube any nurse may readily be instructed to wash out the abscess cavity as often as desired. Simply attach the tube of an ordinary syringe to one of the open ends of the drainage tubes, inject whatever solution may be required into the cavity, and this solution will then, after washing the cavity, find its way out through the other open extremity. It may be necessary to make



other or counter openings into the same abscess in order to secure perfect drainage. In such cases sometimes a single drainage tube will answer the purpose if introduced through one opening and drawn out through the other, having the perforated portion in the cavity. It is even necessary sometimes in this way to make an opening from the inguinal region directly into the vagina, passing the drainage tube in through the inguinal region and out through the vulva. The drainage tube should be left in place as long as there is any considerable discharge of pus. When this has ceased remove it. If you are unable by the means already described to stop the discharge of pus, if it still continues to form from the abscess wall you may find it necessary to produce a moderate amount of irritation by the injection of tincture of iodine. If this does not serve the purpose, introduce a twisted piece of silver wire into the cavity in order that by its presence it may create a sufficient amount of irritation to cause healthy granulation. By means of these various procedures you will generally find that the formation of pus will cease; that the abscess cavity will close from the bottom; that the patient will rapidly recover her previous good health. Sometimes you will observe a considerable amount of induration at the side of an old abscess, which may, perhaps, yield to the internal use of iodide or bromide of potassium, or the bichloride of mercury; but for the re-establishment of vigorous health nature should now be found all sufficient if reinforced by good tonic dietetic and hygienic regimen.

**VACCINIA CONTRACTED BY A NURSING CHILD.**—In an article on the Small-Pox epidemic in Boston, Dr. McCollom records a case (Boston Medical and Surgical Journal) which is quite unique. Mrs. B., healthy, a mother of five children, was at the time of her vaccination with bovine virus, February 13th, nursing her infant, which had not been vaccinated on account of eczema. Mrs. B. had the usual amount of discomfort, that attends a successful vaccination. On March 1st an eruption appeared on the head, thorax and legs of the child who had been feverish and irritable for two or three days previous. The eruption on some parts of the body was confluent, but on the arms

and thighs it presented the characteristic appearance of cow-pox. The disease must have been contracted from the mother through the milk, for there was no possible way by which the child could have introduced the virus at so many different points. The child was not very sick, although there was considerable discomfort from the eruption.

### THE ARMY.

**OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Sept. 28, 1882, to Oct. 12, 1882.**

Woodward, J. J., Major and Surgeon. Leave of absence extended four months on account of sickness. (S. O. 233, A. G. O., Oct. 6, 1882.)

Waters, W. E., Surgeon. Ordered to Madison Barracks, N. Y., for duty as Post Surgeon. (S. O. 178, Dept. East, Oct. 5, 1882.)

Williams, John W., Major and Surgeon. Now on leave of absence, to proceed to San Francisco, Cal., and report in person to the commanding general, Mil. Div. of the Pacific, for duty in the Dept. of the Columbia. (S. O. 228, A. G. O., Sept. 30, 1882.)

Irwin, B. J. D., Major and Surgeon; on being relieved as attending surgeon, headqrs. Mil. Div. of the Missouri, to proceed to Whipple Barracks, Arizona, and report in person for duty as Medical Director, hdqrs. Dept. of Arizona. (S. O. 228, A. G. O., Sept. 30, 1882.)

Forwood, Wm. H., Major and Surgeon; relieved from duty in the Dept. of the Platte, and to report in person to the commanding general, Mil. Div. of the Missouri, for duty as attending Surgeon at those hdqrs. (S. O. 228, A. G. O., Sept. 30, 1882.)

Smith, Andrew K., Major and Surgeon; relieved from duty in Department of Arizona, and on expiration of present sick leave to report by letter to the Surgeon General. (S. O. 228, A. G. O., Sept. 30, 1882.)

Caldwell, D. G., Captain and Assistant Surgeon; granted leave of absence for one month with permission to apply for an extension of three months. (S. O. 105, Dept. of the Platte, Oct. 3, 1882.)

Burton, H. G., Captain and Assistant Surgeon; granted leave of absence for four months. (S. O. 229, A. G. O. Oct. 2, 1882.)

Loring, Leonard Y., Captain and Assistant Surgeon; to be relieved from duty in the Dept. of the Missouri; to report in person to the Commanding General, Dept. of the East, for assignment to duty. (S. O. 228, A. G. O. Sept. 30, 1882.)

Turrill, Henry S., Captain and Assistant Surgeon; to be relieved from duty in the Dept. of the East and to report in person to the Commanding General, Dept. of the Platte, Waters, Wm. E., Major and Surgeon, to report in person to the commanding general, Dept. of the East, for assignment to duty. (S. O. 228, A. G. O., Sept. 30, 1882.)



- for assignment to duty. (S. O. 228, A. G. O. Sept. 30, 1882.)
- Mosely, E. B., Captain and Assistant Surgeon; to report in person to the Commanding General, Dept. of the East, for assignment to duty. (S. O. 228, A. G. O. Sept. 30, 1882.)
- Skinner, John O., Captain and Assistant Surgeon; to be relieved from duty in the Dept. of Arizona and to report in person to the Surgeon-General. (S. O. 228, A. G. O. Sept. 30, 1882.)
- Shufeldt, R. W., Captain and Assistant Surgeon, to proceed to Jackson Barracks, New Orleans, La., and report to the commanding officer thereat for duty. (S. O. 93, Dept. South, Sept. 26, 1882.)
- McCreery, George, Assistant Surgeon; to report in person to the Superintendent Mounted Recruiting Service, Jefferson Barracks, Mo., to conduct a detachment of recruits to the Department of Arizona. On completion of that duty to rejoin his station in that Department. (S. O. 233, A. G. O., Oct. 6, 1882.)
- Wakeman, W. J., 1st Lieut. and Assistant Surgeon; upon being relieved at Fort Douglass, U. T., to proceed to Fort Fred Steele, W. T., and report to the commanding officer at that post for duty in the absence of Assistant Surgeon D. G. Caldwell, on leave of absence. (S. O. 106, Dept. of the Platte, Oct. 6, 1882.)
- Birmingham, H. P., Assistant Surgeon; to proceed to Fort Bayard, N. Mex., when relieved at Fort Elliott, Tex., and report to the commanding officer for duty. (S. O. 198, Dept. of the Missouri, Oct. 3, 1882.)
- Ewen, Clarence, Assistant Surgeon; relieved from duty at Fort Elliott, Tex.; to proceed to Fort Gibson, I. T., and report to the commanding officer at that post for duty. (S. O. 193, Dept. of the Missouri, Oct. 3, 1882.)
- Owen, Wm. O., Jr., 1st Lieut. and Assistant Surgeon; to proceed to Fort Townsend, W. T., and report to the commanding officer for temporary duty at that post. (S. O. 138, Dept. of Columbia, Sept. 22, 1882.)
- Powell, J. L., Assistant Surgeon; relieved from duty at Fort Stockton, Tex., and to report at headquarters Dept. of Texas for temporary duty as Post Surgeon, San Antonio, Texas, and Attending Surgeon at Department Headquarters. (S. O. 103, Dept. of Texas, Sept. 26, 1882.)
- Carter, W. F., Assistant Surgeon; relieved from duty at Fort Concho, Tex., and to report to the commanding officer, Fort Stockton, Tex., for temporary duty as Post Surgeon. (S. O. 103, Dept. of Texas, Sept. 29, 1882.)

### BOOKS AND PAMPHLETS.

- John C. Draper, M. D., LL. D., New York. A Practical Laboratory course in Medical Chemistry. Wm. Wood & Co., New York; W. T. Keener, Chicago, 1882.
- D. Hayes Agnew M. D., Lacerations of the Female Perineum and vesico-vaginal Fistulae. Their History and Treatment with illustrations. Philadelphia, P. Blakiston, Son & Co.; Chicago, W. T. Keener, 1882.
- Wm. A. Hardaway, M. D., St. Louis. Essentials of Vaccination. A compilation of facts relating to vaccine inoculation and its influence in the prevention of small-pox. Chicago, Jansen McClurg & Co.
- Report of the Board of Managers of the American Hospital for Skin Diseases, exhibiting the operations of the hospital from its foundation to the end of the second year, Sept. 1, 1882. Philadelphia, Pa.
- Samuel O. L. Potter, A. M., M. D., Philadelphia. Speech and its Defects considered Physiologically Pathologically. Historically and Remedially. Lea Prize, Thesis of Jefferson Medical College. Philadelphia, P. Blakiston & Co. Chicago, W. T. Keener, 1882.
- Lionel S. Beale, M. B. F. R. S., London. Sligo's Ailments, their Nature and Treatment. Second edition. Philadelphia, P. Blakiston, Son & Co; Chicago, W. T. Keener, 1882.
- C. J. Lundy, A. M., M. D. First Biennial Report of the Michigan Free Eye and Ear Infirmary and Eye and Ear Department of the Michigan College Hospital. Detroit, G. S. Davis, 1882.
- William Allingham, M. D., F. R. C. S. The Diseases of the Rectum, including Fistula, Hemorrhoids, Painful Ulcers, Stricture, Prolapsus, etc., with Diagnosis and Treatment, fourth edition. P. Blakiston, Son & Co., Philadelphia. Jansen McClurg & Co, Chicago.
- Drs. H. M. Bannister and H. N. Moyer. Restraint and Seclusion in American Institutions for the Insane. Reprinted from the Journal of Nervous and Mental Disease, Vol. IX, No. 3, July, 1882.
- Robert Bartholow, M. A., M. D., LL. D. A Manual of Hypodermatic Medication. Fourth edition. J. B. Lippincott & Co., Philadelphia. Jansen McClurg & Co., Chicago, 1882.
- Walter R. Gillette, M. D. A Point in the Management of the First Stage of Labor. Reprint from Vol. VI, Gynecological Transactions, 1882.
- Quarterly Report of Medical Officers, United States Army, with their Stations and Duties, as reported to the Surgeon General October 1, 1882, or at date of last report received at this office. Washington Surgeon General's Office.
- MINER'S MEDICAL INDEX.—A completely indexed note book for students, and for physicians a general index and record book for all valuable professional reading and experience. Joel A. Miner, Ann Harbor, Michigan.
- E. C. Dudley, M. D. Anterior and Posterior Displacements of the Uterus. Some remarks respecting its Normal Position and a Practical Distinction between Location and Position. Reprint from the Chicago Medical Review, Aug. 15, 1882.
- Andrew F. Currie, M. D., New York. Eucalyptus Globulus in Gynecological Practice, together with an account of several cases in which it was used. Extracted from the American Gynecological Med. Science for October 1882.
- Remarks on Pasteen's Discoveries in Disease Prevention, by J. Dobson, M. D., T. A. S. Conn., 1882.



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**AMATEUR ATHLETICS IN COLLEGES.**—In the eagerness to make a good record on the college campus, or in the college boat race, in the hundred yards' dash, or in the standing high jump, or in some one or other of the various college athletics, there is a continual danger of over-exertion. In addition to this, there is the greater danger of over training. The latter evil is familiar to all. Many a poor weak, hobbling dilated heart owes its present feebleness to the fact that its energies were overtaxed in some college tussle. Harvard has taken the lead in forbidding the employment in college grounds of professional trainers. It is now fully recognized, at least in the above mentioned college, that depth of wind and strength of limb among the students do not depend solely upon the Harvard crew winning in the annual boat race with Yale.

**READY MEANS FOR TESTING URINE.**—Dr. Wm. Roberts publishes in the Lancet a convenient means for testing urine. He uses as a pocket case for this purpose, a stiff backed cigar case. In this he carries litmus paper, a narrow corked vial filled with acidulated brine, a test tube, with pellets for Fehling's test, and lastly, an empty test tube fitted with a cork. With this arrangement tests can be made for albumen and sugar, and the empty tube can be filled with urine for future examination.

**DRUG FARMS.**—A very good idea has come to light on the other side of the globe. With the medical profession as full as it is, and the hardships of its life so great, especially in becoming established, the idea of turning some of the talent in it to more profitable employment must meet with favor. There are many medicinal plants which do grow and can be grown here owing to the advantages of climate and of soil in this extended country. The growing of quinine alone would offer ample compensation for any amount of labor spent upon it. Dr. Wood has recently called attention to the fact that there are shrubs in South America which yield quinia alkaloids and which would in all probability grow in our more Southern States. Add to this the great desirability of a preparation of hemp which is somewhere within the limits of certainty, and a wide field for intelligent labor is at once open. For reasons already stated, there is no need of importing into this country more than a very few drugs. The advantage of producing at home the drugs for home consumption is manifest. The profit is so great as to command skilled labor, and the industry does not require any great extent of ground to be under cultivation in order that it may be profitable.

**STENOGRAPHY FOR THE BLIND.**—According to the Medical and Surgical Reporter,

Professor Arnold, the Director of the Berlin Institute for the Blind, has at last succeeded in teaching stenography to the blind. This will be a valuable addition to the few means these unfortunates have for gaining a living. This fact should at once recommend the course to directors of asylums for the blind.

**COUGH OF PHTHISIS.**—Dr. Alonzo Clark, in a recent clinical lecture, published in the Medical and Surgical Reporter, gives a very useful point in controlling the cough of phthisis, or at least bringing it within bounds. He directs that two grains of the extract of opium, which has been dissolved before, be dissolved in three ounces of water, and if desirable, a small quantity of glycerine may be added. The solution is to be placed in an atomizer. The spray is to be inhaled seven or eight times in succession, and repeated as necessary.

**MEDICATION OF THE MIDDLE EAR AND THE NASAL MUCOUS MEMBRANE.**—M. Puricelli claims (Rundschau, No. 7, 1882) that substances may be brought in contact with the nasal mucous membrane and be retained there by the pronunciation of the vowel A, at the same time throwing back the head, and breathing through the mouth, thus preventing all communication between the nasal fossæ and the pharynx. The liquid will penetrate to the middle ear if R be pronounced while a stream of air is forced through the nose.

**PERFECT SHOES.**—No one but he who has tramped a weary day's journey can tell how much his comfort or discomfort depends upon the shoes he wears. At the General Hygienic Congress, Colonel Ziegler declared that a perfect pair of shoes when placed together would touch only at the toes and heels; the soles should follow the sinuosities of the feet, and to give room for their expansion, should exceed them in length by fifteen or twenty millimeters.

**SYPHILITIC POLYURIA.**—There is, according to Professor Semmola, of Naples, New Orleans Medical and Surgical Journal, a form of cerebral syphilis which may be the cause of polyuria. The Revista de Ciencias Medicas, of Barcelona, speaks of three cases already reported by the above authority in favor of his opinion. In one of these cases, the most characteristic of all, the patient used to void forty-three pints of urine in twenty-four hours, with a specific gravity varying between 1001 and 1005. He had seen several physicians, but feeling no relief from their treatment he finally consulted Professor Semmola, who attributed the cause of his disease to a chronic syphilis. Very probably some syphilitic lymph or deposit was locally effused into the walls of the fourth ventricle of the brain, and so had pathologically reproduced the celebrated physiological experiment of Claude Bernard; that is, to produce polyuria and sugar in the urine of dogs by simply puncturing with a needle the floor of the fourth ventricle. Based upon this diagnosis, the patient was submitted to a general anti-syphilitic treatment, which consisted in hypodermic injections of albuminate of mercury and the long-continued use of iodide of potassium. In two months he was perfectly cured.

**BLUE MARKS FROM PEDICULI.**—Some years ago the fact that blue or dark spots are often observed in association with pediculi pubis was pointed out by M. Mourson, a French naval surgeon. The Medical Times, quoting from the Lancet, gives M. Duguet's demonstration of the relation between the two by producing blue spots beneath the epidermis by inserting a small quantity of a sort of paste made of bruised pediculi. Hence it is clear that the pediculi pubis contain some substance having coloring properties. Further observations by M. Mallet make it probable that this substance is contained in the sal-



ivary glands. By means of fine forceps, the head of a pediculus was torn off and inserted beneath the epidermis of the forearm and near it the rest of the louse was similarly interred. Next day a blue mark was distinct around the body of the insect with the head, and in this case the dusky spot developed around the head and not around the body. Further experiments showed the coloring agent was situated in the body opposite the anterior pair of legs, and at this level it is known that there are two pairs of salivary glands. M. Duguet has pointed out some curious facts regarding the resistance of some persons to the action of the salivary juice and the influence of season on the coloring power of the insect. The blue spots are far more abundant in February, March and April than in other months.

**TENDON AND OTHER REFLEXES.**—The Medical Times and Gazette reprints Eulenberg's observations on one hundred and twenty-four healthful children. The knee phenomenon was not obtained in seven cases on either side and in three on one side. The foot phenomena failed, or was very indistinct, in one hundred and one cases. The reflex from the tibia and radius was wanting one hundred and eight and one hundred and nine times respectively. The abdominal, nasal, corneal, and papillary reflexes were, on the contrary, always present. The auricular reflex was not clearly obtained five times. Out of seventy-eight boys twenty did not exhibit the cremasteric reflex. The period of latent stimulation of the foot phenomena (Achilles tendon reflex) was found to be about one sixty-second part of a second longer than for the knee phenomena.

**FORCED FEEDING.**—M. Dujardin Beaumetz recommends in *L'Union Med.* as an improvement on other methods of forced feeding, that the œsophageal tube should enter only the upper part of the œsophagus, since the food can be forced onward from

this point into the stomach by pressure and by efforts at deglutition. He also advises the use of a smaller tube than that which is generally employed. Fluid he thinks should be administered by hydrostatic pressure.

COMMUNICATIONS have been received from various physicians at the REVIEW office, stating that Mr. C. A. Hendricks, publisher of the Medical and Dental Directory, had secured and collected in advance their subscriptions for his directory by the use of the editor's name, as reference. These communications also state that the directory had not been delivered, and that letters to Mr. Hendricks asking for an explanation of his delinquency had received no attention. Neither the REVIEW nor any one connected with it has the least interest or responsibility for this directory. Mr. Hendricks has never asked permission to use the editor's name as reference, nor has any such privilege ever been given him. Mr. Hendricks did ask permission to have some of his correspondence directed to this office, but this was not done until he had already received mail in care of the REVIEW. As no objection was made, perhaps a dozen letters were sent to him in this way. Possibly at some future time he may ask the privilege of having used the editor's name as reference, without permission.

**THE TEMPORARY TREATMENT OF DENTAL CARIES.**—Dr. Shirley Deacon (*New York Medical Gazette*) gives a mode of procedure by which many carious teeth can be reclaimed instead of sacrificed. A patient suffering from caries of a tooth, connected with abscess of the gum, which causes swelling of the face, should be directed to rinse his mouth well with tepid water. After drying the mouth, absorbent cotton, either in pledgets or twisted into a rope, should be introduced around the tooth, so as to separate it from the tongue and cheek. The cavity must then be cleaned and dried out,

by means of a bent probe with some absorbent cotton twisted around its end, keeping the tooth cavity free from saliva and thoroughly dry. The cavity should then be filled with a cotton pellet saturated with the following mixture: pure phenol, carbolic acid No. 1, half an ounce; glycerine, twenty minims; tannic acid, two drachms. Instead of this precise quantity of tannic acid, as much of it may be used as the carbolic acid solution will take up, adding it slowly, forming a molasses-like liquid, the action of which the author says is quite different from that of either of the chief ingredients used separately. The application is painless, and it quickly desiccates the pulp, rendering it perfectly insensible without appearing to permeate the surrounding healthy dentine to any great extent. A piece of cotton soaked in a solution of mastich or gum-benzoin in ether, is applied over the pheno-tannic pellet, to protect it from the action of the saliva. Often but one application is needed. Should there be any subsequent tenderness, however, the plug may be changed two or three times a day at first, afterwards once in two or three days. As soon as the patient can bear the necessary manipulation, the cavity is to be cleaned out thoroughly and stopped with oxychloride of zinc (os artificial). The author has known this filling to remain serviceable for two or three years.

**THE TREATMENT OF CONTRACTED FINGERS.**—Dr. Edward Bellamy, in the *Lancet*, relates the case of a man who had scratched his little finger with a meat bone. The usual train of symptoms followed, and when first seen the tip of the little finger was so tightly approximated to the palm that no force could separate it, and strong fibrous bands, corresponding with the primary flexures were readily observed. As the tendon seemed uninvolved and seemed still to run in a tolerably free theca, Dr. Edward divided the bands with a Von Graefe's iridectomy knife, which is

singularly useful for fine plastic work, and extended the fingers forcibly. No good came of this procedure, therefore the patient was subsequently placed under an anæsthetic, and the entire cicatricial tissue were carefully and thoroughly extirpated, and the tendon divided. The finger was carefully retained in the straight position, a metal circlet was made for the wrist, and a piece of stout steel clock-spring welded to it. This steel spring was carried up the dorsum of the finger and suitably attached to it. By its tension it effectually kept the parts on the stretch, and when the wound had healed, passive and active movements conducted by the patient himself, brought about an excellent result. The finger is as straight as the others, and will be, no doubt, ultimately quite as useful.

**INOCULATION IN THE TREATMENT OF PANNUS.**—The heroic measure of inoculating gonorrhoeal pus for the relief of severe pannus, says the *Medical Record*, has been tried in three cases in the Ophthalmic Division of Charity Hospital, with the following results: First patient totally blind in both eyes for several years, was inoculated with gonorrhoeal pus. He was discharged with vision 10-200, 2-200. Second patient, right eye with white leukoma and partial pannus; vision 6-100, 12-100. Third patient, vision 20-100 in right eye, in left eye perforated cornea, and perception of a moving object at a distance of two feet. Second and third patients had perception of light in one eye, while with the other each patient could count fingers at the distance of a foot. Both were inoculated with a traumatic urethral discharge, which ceased after a ten day's treatment. The results were so good as to merit further trial, although the procedure is confessedly severe.

**CASE OF INTERSTITIAL FOETATION.**—There will be found in the *British Medical Journal* a peculiar case of the above,



recorded by Dr. Roberts. The patient complained only of stomach-ache and a continued desire to micturate. About eight hours after the attack, she suddenly died in a state of collapse. The post mortem showed about six pounds of clot and five pints of a bloody fluid in the abdomen. In this mass there was found a two-months' fœtus enveloped in its membrane, and with the placenta attached. At the upper part of the uterus there was a rupture close by the right fallopian tube, large enough to contain three fingers. There was no communication between the cavity of the uterus and the sac as formed by the external uterine wall and the fallopian tube.

**PRICE OF QUININE.**—As there are many districts of our country which are rendered habitable only by the continual use of quinine, the fluctuations in value of the drug are closely watched. A few days ago the drug fell in value to one dollar forty-seven and one-half cents an ounce, a lower figure than it has reached for ten years. All that is necessary to show how much speculation there is in this commodity, is to state the present price, which is thirty-three cents in advance of the above named figure.

**FUNGI AS FOOD.**—In an Edinburg journal the following statement is made in regard to the use of fungi as food: In spite of occasional fatal accidents through the inadvertent eating of poisonous species, fungi are largely consumed both by savage and civilized man in all parts of the world. Among the Fuegians, certain kinds form with shell fish their staple food. The natives of Australia use largely a truffle which attains a weight of more than two pounds, and is known under the name of native bread. The Chinese, who are singularly free from prejudice in the matter of food, are especially fond of them, and for some years past New Zealand has exported large quantities of an edible fun-

gus to San Francisco and Hong Kong for the use of the Celestials. The species grows abundantly in the wooded regions of New Zealand, and when dry is worth from 4d. to 5d. a pound. The Chinese use it, as they do the edible swallow's nest, as a chief ingredient in their favorite soup. They also employ it as a medicine, and, stranger still, for making a valuable dye for silk. Another remarkable edible fungus of New Zealand grows out of the body of a large caterpillar, practically converting the latter into a vegetable substance. The caterpillar lives under ground and the fungus springs upward through the soil till it reaches a height of eight or ten inches. It is eaten by the Maories, who employ it also when burned as a coloring matter. Among the north-eastern tribes of Asia fungi are largely used as food. One specie when pounded forms their snuff, while another, the Fly Agaric, which is utilized in Europe as a fly-killer, and is regarded as one of the most poisonous forms, is used by them as a substitute for ardent spirits. A single large specimen is sufficient to produce a pleasant intoxication for a whole day. In many parts of Europe fungi are a favorite food, and are eaten fresh, and also preserved in vinegar for winter use. The common mushroom, the morel and the truffle are the favorite varieties.

**THE ARMY HOSPITAL.**—The surgeon-general of the army has submitted his annual report to the Secretary of War. It shows that during the fiscal year ended June 30, 1882, there was disbursed on account of medical hospital department \$102,500, leaving a balance on hand of \$32,009. Among the white troops, the total number of all kinds taken on the sick list was 34,880, being at the rate of 1,679 per 1,000 of mean strength; and among the colored troops 4,099, or 1,810 per 1,000 of mean strength. There were 216 deaths among the white troops, twenty-five among the colored and nine among the Indian.

**TRANSFUSION OF BLOOD.**—The Cincinnati Lancet and Clinic quoting from the Med. Press and Circular, gives the results, as obtained by Dr. Roussel of Geneva, in the above operation. Two suggestive cases are cited. The first one is that of a man wounded in the thigh. The saphena vein was severed, and the femoral artery nicked. The hemorrhage was great and amounted to five or six pints. As a last resort, transfusion was proposed. Six ounces of blood were injected. Immediately the man rallied and stated that he felt a great heat going up his arm and filling his chest. His pulse fell from one hundred and eighty to one hundred and twenty. In eighteen days recovery was such as to allow the patient to go about as usual. The second case is even more interesting. The patient was suffering from an accentuated form of chlorosis, was of a waxy paleness, with a puffy face and general œdema. Her stomach bore no nourishment, and she could not be lifted without fainting. At the time of operation she was in a stupor. Five ounces of blood were injected which caused momentary dyspnoea and a slight cyanosis. In three weeks recovery was complete. The favorable result obtained in this case would indicate the operation of transfusion in cases of anæmia or leucocythæmia when operative measures would be allowable from the urgent distress of the patient.

**TREATMENT OF ENLARGEMENT OF THE SPLEEN.**—The Lancet says that injection of drugs into the substance of the spleen has been lately tried as a means of effecting reduction, in cases of hypertrophy. Ergot and sclerotic acid have been used. Simple puncture, causing a hemorrhagic infarct, which by repetition might cause atrophic shrinking, has been tried. This, as well as galvano-puncture, has not been successful. Fowler's solution has been used. The only success worth noting has been derived from the internal use of ergot, which has in one case acted very rapidly.

**SMOKING.**—Dr. Kessling, Deutsche Medical Zeit., has made investigations in regard to the danger of smoking cigars. He found carbonoxyd, sulphuretted hydrogen, prussic acid, picrolin bases and nicotin. The first three grave poisons are volatile and present in very small quantities, but only a very small trace of nicotin is burned up by the smoke. The stump becomes richer in this nicotin substance, the longer the cigar is, the more the end is chewed the shorter the stump becomes, and the oftener the cigar is lit. To avoid all danger the cigar should be not too thick and long, the end not chewed and only two-thirds of every cigar should be used and the end should not be relighted after the stump ceases to burn.

**VASO-MOTOR PHYSIOLOGY.**—The Medical Progress gives the conclusions drawn by M. Vulpian (Lancet) after careful study of the vaso-motor effects which are produced by faradic stimulation of the peripheral segment of the lingual nerve. The experiment is easily performed on a dog which has been curarized and subjected to artificial respiration, or which has been narcotized with morphine. The mucous membrane in the region of the tongue in which this nerve is distributed, and also on the corresponding side of the frænum, becomes bright red, and a similar change may sometimes be observed in the mucous membrane of the gum on the inner surface of the lower jaw, near the canine and incisor teeth. The principal vein of this part of the tongue becomes turgescient, and the blood contained in it and its tributaries becomes bright in color, resembling that of arterial blood, while there is a corresponding rise in the temperature of that part. These phenomena are produced some times after the lingual artery has been tied, and after the internal and external carotid arteries of that side have been tied just above their origin, and even after the carotid itself has been tied in the middle of the neck. They are not prevented even



by the ligature of the common carotid and the vertebral. The effects are equally marked after the section of the vago-sympathetic trunk, and after excision of the superior cervical ganglion. When the circulation has been definitely arrested, as by the farado-puncture of the animal's head, the opposite half of the tongue becomes pale before that on which the lingual has been faradized. Thus the effect of the stimulation is opposed to the constriction of the vessels, which occurs throughout the body almost immediately after death. Another remarkable fact noted by Vulpian is that at the moment when the dilatation occurs, in consequence of the faradization of the nerve, there is a distinct contraction of vessels on the opposite half of the tongue. It is not merely the result of the determination of blood from one-half the tongue to the other, but is the effect of a distinct activity of the vaso-constrictor nerves, for there is a distinct darkening of the blood. This condition, however, does not last so long as the dilatation of the vessels on the faradized side. The latter may continue for ten minutes, while the former has disappeared in half a minute. This vaso-constriction appears to be reflex, for it is far less conspicuous if the vago-sympathetic trunk on that side has been previously divided. The lingual nerve seems thus to possess a certain amount of recurrent sensibility, which is manifested by this reflex action when the peripheral extremity of the divided nerve is stimulated.

#### COMPARATIVE ACTION OF THE BROMIDES.

—The Medical Progress, quoting from the Glasgow Medical Journal, says that M. M. Cheron and Fouques having experimented at some length with the three well-known bromides, of potassium, sodium and ammonium, have reached the following conclusions: These salts act in virtue of their bromine, as moderators of the reflex centres. The bromide of potassium joins to its sedative action on the nervous centres

a depressing action on the muscular system; it is thus a neuro-muscular agent. The bromide of sodium has an action on the nervous centres like that of bromide of potassium, but does not affect the muscular system; it is thus simply a moderator of reflex action. The bromide of ammonium has, in virtue of its bromine, an action on the nervous system similar to that of the other two, while it is also, in virtue of its ammonia, an excitant and diffusible. It is thus at once a moderator of reflex action and a peripheral excitant. Consequently when it is desired to influence the reflex powers and the muscular system, preference should be given to the bromide of potassium. If, however, we wish to act only on the reflex centres, the bromide of sodium is indicated. Finally, if leaving the muscular system out of consideration, it is desired to act on the nervous centres, to influence the circulation and to affect the blood pressure, the bromide of ammonium will most probably give the required results.

#### SALICYLATE OF SODA IN TONSILLITIS.—

Dr. Mackey, in an article in the British Medical Journal, calls attention to the use of sodium salicylate in tonsillitis. He does not claim this use of the drug to be new, but does claim that it is too little used. A result obtained in quinsy is similar to that obtained in acute articular rheumatism. Very speedy relief is said to be given, the pyrexia is lowered, as is also the pain and heat. To produce this effect large doses must be given, not less than ten grains every two to four hours. The fact that patients afflicted with quinsy cannot swallow should not militate against this drug because it can be administered readily by enemata.

GLYCERINE AND GLUE. — A German chemist named Puscher, says the Medical Times, quoting from Boston Journal of Chemistry, reported to the trades-union of his place that he met with great success

in using glycerine together with glue. While generally, after the drying of the glue, the thing to which it is applied is liable to break, tear or spring off, if a quantity of glycerine equal to a quarter of the quantity of glue be mixed together, that defect will entirely disappear. Puscher also made use of this glue for lining leather for making globe-frames and for smoothing parchment and chalk-paper. He also used it for polishing, mixing wax with the glycerine, and using it as an under-ground for laying aniline red color. The red was found to exceed all others in which glycerine is not used. The glycerine has also some properties in common with india-rubber, for it will blot out pencil-marks from paper so as to leave no marks whatever. A paste made of starch, glycerine and gypsum will maintain its plasticity and adhesiveness longer than other cement, and therefore recommends itself for cementing chemical instruments and apparatus used by pharmacists.

**TREATMENT OF SCROFULOUS GLANDS OF THE NECK BY EXCISION.**—The Medical Record contains a paper on the above subject read before the society of the North of Ireland Branch, by Mr. Fagan. After having briefly described the anatomical arrangement of the principal chains of lymphatic glands in the cervical region, he related the histories of four cases out of ten operated on by him. In seven of the ten there was union by first intention. In one case, the swelling about the size of a pigeon's egg, was placed on a level with the thyroid cartilage and in the line of the sterno-mastoid muscle. It felt as if it were immediately under the skin, but proved to be very deeply seated, lying close to the carotid sheath. The fibres of the muscles had to be separated, and two layers of the deep cervical fascia divided before the gland was fully exposed. By careful dissection, it was then removed, and very little hemorrhage followed the incisions. The wound was entirely healed on

the third day, and the child was able to go home on the eighth day after the operation. In another case Mr. Fagan removed a gland the size of a hen's egg, from below the angle of the lower jaw. On the second day after operation the patient had a rigor, and diffuse inflammation about the wound, which was united by the first intention. All the sutures were removed and the uniting medium was broken down by a probe, at its most dependent part, to admit a small drainage tube. After a few days the inflammation subsided, and the wound remained soundly united. There was a little serous oozing for a few days, but no suppuration. Mr. Fagan's experience did not lead him to recommend drainage, for in nearly all his cases there was union by first intention, but he strongly urged the relief of tension, by removing all sutures, and opening up the most dependent angle of the wound on the first appearance of inflammation. For adjusting the lips of the wound, he recommended the finest silver wire sutures, not passed too deeply, and immediately removed on the appearance of the slightest inflammatory blush at their points of exit. In no case should they be left in longer than the third day. The marks that followed from the suppurating track of a suture proved far more disfiguring than the scar from the incision. Rest is a most important factor in the treatment, and it was only by a special contrivance that it could be effectively maintained, especially in the case of children. Mr. Fagan employed a close fitting night cap with tapes attached at each side, the patient's head being bent forward. It can be maintained in that position by fastening the tapes to a binder passed around the chest. He concludes by saying: "While admitting the value of such surgical means of treatment, as Volkmann's spoon, I hold strongly to the opinion that when disease is limited within a well-defined area, and the tissue involved is steadily, however slowly, deteriorating, that its total extirpation is



the only rational and effectual mode of dealing with it. This principle I maintain is applicable in all cases, no matter what the structure implicated may be, provided anatomical considerations allow of such operative interference."

**FOETAL NUTRITION**—Dr. Patrick records in the *Southern Dental Journal*, a curious case, and while it is never safe to judge from one isolated case nor to draw conclusions therefrom, it is safe to suppose that what is once done can be done again. The case referred to is that of a woman whose general health was very poor and whose children had not sufficient vitality to develop teeth at anything like the usual time. The mother began using a preparation of chalk to relieve her dyspepsia, and in the three pregnancies which occurred afterwards the children's dentition was performed not only early but very painlessly. The difference was so striking as to call the attention of all concerned, both the doctor and the patient's friends.

**TO MEASURE NERVE CONDUCTIBILITY.**—The *American Journal of Arts and Sciences* contains a summary of some recent investigations as to the rate at which nervous influence travels in the body. To measure the time it takes for stimulus to pass through a given length of nerve tissue an electric shock is given and the different time is noted between the opening of the current and the muscular contraction.

**A PARASITIC AFFECTION IN DIABETIC PATIENTS.**—At the International Medical Congress, the late Prof. Simon called attention to an inflammation of the prepuce in diabetic patients, due to the growth of mycelium fungus in the mixture of sebum and diabetic urine retained in the preputial fold. In some cases this is the only symptom of which the patient complains. Possibly pruritus of the vulva may find in some cases a like explanation.

**OIL OF WINTERGREEN IN RHEUMATISM.**—Dr. Kinnicutt has been experimenting with the oil of gaultheria in rheumatism, and publishes his results in the *Medical Record*. The oil of gaultheria, or wintergreen, contains ninety per cent of the methyl ether of salicylic acid. It mixes in all proportions with alcohol and ether, and is soluble in water. In twelve carefully recorded cases the results obtained were similar to those obtained by salicylic acid. Therefore Dr. Kinnicutt concludes: that the oil of wintergreen is an efficient salicylate in the treatment of acute rheumatism; that in its efficiency in controlling the pyrexia, the joint pains, and the disease, it at least ranks with any of the salicyl compounds; that it is best given in repeated doses, which should be diminished in quantity and in frequency as convalescence progresses; that it is less disagreeable to the taste, and is not attended with the occasional toxic effects which are produced by the acid or its sodium salt. This drug is eliminated rapidly, and the dose therefore should be repeated every few hours. In the cases recorded, from ten to twenty minims were given every two hours. Dr. Kinnicutt's experience may prove of decided value, especially with children, and again in places where the salicylates, as ordinarily used, are not to be had.

**BLEEDING IN HEART DISEASES.**—Little by little we are coming back to the good old fashion of bleeding. Fifty years ago the lancet was in the physician's hand more frequently than the thermometer or stethoscope is to-day. Dr. Fenwick, in the *Lancet*, gives the reasons for his faith in bleeding for cardiac affections. He states, however, that since loss of blood is a common cause of fatty degeneration, therefore it would not be wise to bleed where there is fear of this condition. He uses only leeches or cupping to remove blood directly from the cardiac regions in cases where stenosis exists. He imagines

that more certain and more rapid results are obtained with a more accurate loss of blood than when venesection from the arm is resorted. His reasons are that the patient and his friends usually object less when leeching or cupping is suggested than when bleeding is proposed, and they are less alarmed at a local application to the seat of the disease than when a vein is opened and kept bleeding. The quantity of blood to be abstracted can be more accurately measured and controlled, and is generally much more easily obtained in cases of advanced stenosis by local means than by brachial venesection. Even as do our practical men, he gives a hypodermic injection of morphia at the seat of pain, although he cannot explain why its insertion there should give so much greater and more rapid relief than when introduced into the same blood at a distance, so he cannot explain why a little blood removed from the cardiac region should afford greater and quicker relief than is derived by the abstraction of even a somewhat larger quantity from the arm. He does the former, and leaves the latter undone in these cases because he is convinced of the great practical truth that thereby greater good is gained. With regard to acute pericarditis and endocarditis, he has not had the opportunity of venesection in many such cases, but where he has done so, he has invariably bled by cupping the cardiac region, and always with good results. He has found that pain, more or less persistent in the cardiac region, has been relieved rapidly and completely by local abstraction of blood. In conclusion he summarizes thus: In cases of valvular stenosis, if dyspnœa or pain, or urgent symptoms be present, bleeding is generally useful. It appears to be better to bleed often if necessary, a small quantity at a time, by means of leeches or the cupping-glass, direct from the cardiac region. It is best to bleed freely from the arm to about sixteen or twenty ounces, if necessary, in cases of dyspnœa, or cyanosis, or stupor. In cases of acute pericarditis

and endocarditis, the attack may possibly be cut short by freely cupping the cardiac region. In cases of cardialgia, without any evident cause, leeches or cupping over the heart's area will probably give relief.

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TOXIC EFFECTS OF EIGHT GRAINS OF POTASSIUM IODIDE.—For one reason or another every physician is continually using iodide of potassium and within bounds rarely finds toxic effects from it. The case as related by Dr. Weist in the *American Practitioner* is therefore not without interest. He ordered a mixture containing eight grains of potassium iodide in each dose, to an unmarried woman of twenty-eight, who had consulted him because of a swelling of the right parotid gland. In less than an hour disagreeable symptoms appeared about the mouth and throat, which became alarming three hours after taking the medicine; pulse 60 and full, axillary temperature, 95 degrees; face pale; slight œdema present over nearly the entire body. The face was markedly œdematous. There was nausea without vomiting, and much pain throughout the entire abdomen. Respiration was greatly embarrassed, which was relieved by hypodermic use of one-fourth grain morph. sulph. This injection was repeated in three hours, when the symptoms of poisoning gradually disappeared, although at the end of twenty hours after taking the iodide, there was still great suffering. The apparent effects of the medicine disappeared in seventy two hours. The doctor, as a matter of experiment, gave the patient one week after recovery; one grain potassium iodide, and in two hours all of the above symptoms reappeared but in a much less degree.

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ACTION OF PEPSIN.—The *London Med. Record* reports a case of retention of urine due to the presence of coagulated albuminoid masses in the bladder. All the symptoms were relieved by the injection of pepsin, which dissolved the masses.



**KORONIKO IN CHRONIC DYSENTERY.**—The Practitioner quoting from the Chinese Imperial Maritime Customs Medical Reports gives the value of the above named drug in dysentery, which was very prevalent in that community during the Autumn of 1880. Acute dysentery had generally become sub-acute or chronic before the patients applied at the hospitals, so that the chronic form had generally to be treated. As every one knows, these are the difficult cases to influence speedily by drugs, and with the Chinese a change of air or sea voyage is out of the question. In these cases Dr. Jardine was induced to try koroniko, from the *veronica parviflora*, which is largely used in New Zealand as a remedy in dysentery and diarrhœa, and some of the results exceeded his most sanguine expectations. Many who received the drug did not return to report themselves, but he has notes of three cases of chronic dysentery, varying in duration from six weeks to four years, and voiding from twenty to thirty motions containing blood and mucus daily. Fifteen doses of tinct. koroniko reduced them to one half, fifteen doses more reduced them to three or four daily and a third like quantity effected a complete cure. Judging from the few cases he has been able to follow, he predicts a brilliant future for this remedy in the chronic forms of the disease.

**A NEW METHOD FOR THE CURE OF SALIVARY FISTULA OF STENO'S DUCT.**—Dr. L. G. Richelot relates in the British Medical Journal an operation for the above of which the following is a summary: According to the classical authors, he created an internal fistula by maintaining a foreign body in the tissues. He employed for that purpose an India-rubber tube, as being easy to put in place and easily tolerated by the patient. Moreover, he took advantage of the presence of an abscess, bearing a posterior as well as interior orifice, to let the posterior extremity of the drain come out of the abnormal orifice behind

the course of the saliva. This afforded him the opportunity of leaving the fistula free whilst the canal in the cheek began to form itself; then he obliterated this fistula in due time, and finally maintained the artificial canalisation during the time necessary for the consolidation of the cicatrix. The doctor believes there would be an advantage in employing in most salivary fistulæ of Steno's duct, as the only dressing, a drainage-tube. The operation may be summarized as follows: Plunge a trocar backwards through the fistula, and bring it out through the surface of the cheek, so as to create a posterior orifice situated out of the course of the saliva. Insert a provisional seton in place of the trocar. Perforate the cheek obliquely forward through the fistula, and insert an India-rubber tube, the anterior extremity of which issues through the mouth. Fasten the posterior extremity of the tube to the provisional seton-thread, and let it come out by the newly created orifice so that a loop of rubber tubing shall fall behind the fistula, but not in contact with it. Close the fistula by suture. Before the suture is formed it is necessary that the inflammatory swelling excited by the tube be reduced, and that the saliva should flow into the mouth with comparative ease. After suture, wait until the course of the saliva is perfectly free in the right direction, and the cicatrization of the fistula perfectly solid, before the tube is removed. It may be said that the creation of a posterior orifice is only altering the difficulty, by substituting for the fistula another posterior to it. To this he responds that this posterior orifice is not in the condition of a true fistula, because it is placed outside the course of the saliva, and, moreover, the moment the drain is withdrawn, the channel is restored and nothing will prevent the free circulation of the parotid secretion, consequently the cicatrization of a wound which is in communication with Steno's duct.

**NEW TEST FOR ALBUMEN IN THE URINE.**

—The Medical Record, quoting from Dr. Wm. Robert's statement in the Lancet, declares that a very delicate test for the above, will be found in a saturated solution of common salt to which is added five per cent of hydrochloric acid. This gives a white precipitate with albuminous urine, which precipitate is not coagulated albumen however, but a soluable form of this proteid. Mr. Guy N. Stephens, in the same journal, states that the best test for albumen is a double iodide of mercury and potassium with acetic acid. The urine is first acidulated with the acid, and then the iodide added. This will give a precipitate when there are only five centigrammes of albumen to a litre of water. The formula for a precipitating solution, which also gives quantitative results, is as follows: Take of potass. iodide 3.22 grammes, of hydrarg. bichlorid 1.35 grammes, of aqua destil. q. s. ad. 100.00 cubic cent. One drop of this, from a pipette giving a drop of five centigrammes, precipitates 0.005 grammes of albumen.

**ASSES' MILK FOR CHILDREN.**—The secular press is authority for the statement that in the Paris Academy of Medicine, M. Parrot has recently called attention to the results obtained in the Hôpital des Enfants-Assistés, of Paris, in feeding delicate children with asses' milk. Many of the infants brought to the hospital have syphilis, which forbids their being suckled by nurses. Hence the feeding-bottle was formerly used for them; but in spite of great care, the endeavor to foster the small vital force of these children was of little avail. Direct application to the udder of the animal was then tried. At first the infants were thus fed with goats' milk, but it was soon found that asses' milk was greatly preferable, and all are now fed with that, one, two, sometimes even three, infants being held to the animal's udder at once. The nurses do this with great ease. The results of the treatment appear well

from the figures cited. During six months eighty-six infants have been treated in the hospital nursery. Of the first six, fed with cows' milk in feeding-bottles, only one was cured. Of forty-two fed at the goat's udder eight were cured, while thirty-four died. Of thirty-eight fed at the ass's udder twenty-eight have been cured, while six have died. The virtues of asses' milk have been appreciated for some time in France. For many years Paris and the large towns have been visited every morning with troops of she-asses, brought in to supply their milk for invalids. This milk has much less of plastic matters and butter than goats' or cows' milk, and is easily digested. M. Parrot notices the practical advantage in the case of suckling from the ass, in that the animal is so easily fed; it is content with the poorest fodder. The goat suffers from a diet that lacks variety, and in the city its milk is not what it is in the country. The asses kept at the hospital referred to are in stables adjoining a field, in which they generally pass part of the day. It may be mentioned, in fine, that weekly statistics for Paris have lately presented the unwonted fact of an excess of two hundred and two births over the deaths.

**TO RESTORE FADED INK.**—In order to restore faded ink, all that is necessary, according to the Boston Journal of Chemistry, is to moisten the paper with water and brush over the writing with a solution of sulphide of ammonia. The ink will become black immediately from the formation of the black sulphide of iron. Of course this means of restoration is not applicable with pure aniline inks.

**THE USE OF THE ELASTIC LIGATURE IN ABDOMINAL SURGERY.**—The Cincinnati Lancet and Clinic quoting from the London Medical Record says: An important communication on a new method of operation has just been made at the gynecological clinic of Professor Hegar, in Freiburg. It



would seem that a means has been found by which total extirpation of the organs of the abdomen, e. g., the spleen, kidneys, and perhaps even of the liver can be undertaken without very much danger. Hegar was led to use the elastic ligature in the treatment of intraperitoneal fibroid pedicles, by the very favorable results he previously achieved in thus treating extraperitoneal fibroids, the danger of hemorrhage from the pedicle being by this means entirely excluded. Kasprzrk, his assistant, in a communication to the Berl. Clin. Woch., No. 22, 1872, has published the results of the experiments upon animals, which consisted in placing pieces of elastic tubing, previously disinfected, in the peritoneal cavity of a rabbit, and killing the animal five weeks later, when it was found that the elastic had become fastened to coils of small intestine by fibrous tissue, but not a trace of suppuration was visible. A repetition of the experiment gave the same result. The omentum, uterus, spleen, liver, and kidneys, have been ligated partly with elastic tubing, partly with solid India-rubber ligatures, the stumps either being cut off or burnt with the thermic cautery. The operation was successful with the omentum and uterus but not as yet with the liver and kidneys. Kaltenbach, at the advice of Hegan, sank the pedicle of a fibroid secured with an elastic ligature, into the peritoneal cavity after all the most carefully applied sutures had failed to control the hemorrhage. Twelve days after the operation the patient was doing well. Care of course would be needed to prevent the ligatures from slipping. Hegan has devised an instrument for this purpose.

**ACUTE MILK POISONING.**—Dr. E. F. Brush, in the Medical Record, is of the opinion that many of the diseases affecting the digestive organs in infancy are nothing more nor less than milk-poisoning. He thinks the term cholera infantum should be dropped from our nomenclature,

and acute milk poisoning be substituted. Then the treatment would be simplified by keeping before the practitioner the true cause of the disease. The poison will not be stopped so long as we account for the disease by teething, excessive heat, brain troubles, etc. The Doctor gives facts winnowed from a year's observations of diseases caused by milk. Physiologically speaking, our cows are secreting abnormal milk, as the activity of the mammary gland is kept up through heat and pregnancy. This process being carried on through generations in the bovine race has resulted in the mammary gland becoming excretory. A milking cow simply gives more milk when she eats food that would cause diarrhœa in other animals, and the poison is conveyed to the infant. The conditions that render milk poisonous are, the sudden changes from the dry food of winter to the full flush of grass, picking up green fruit, eating brewers' grains, which makes the milk more albuminous, and therefore more prone to putrefaction with the increase of summer temperature, eating poisonous weeds and drinking poisonous, stagnant waters. The milk is affected when the cow takes the bull. Dr. Brush found by observation that the milk following the act was always decidedly acid. The cruel abuse to which milch cows are subjected is a fertile source of milk poisoning. Dr. Brush gave his own child, aged sixteen months, about four ounces of an acid, normal appearing milk, which he obtained after he had bruised one-quarter of the udder of his cow, producing traumatic gangrene. In about two hours the child awakened, crying, apparently with the stomach ache, and a large quantity of acid was voided per rectum. The bowels were slightly disturbed the next day. What would have been the effect if the child had been fed continuously on such milk? Practitioners are urged to make themselves familiar with the sources which supply the milk to the babies under their care. The dairy farm-

ers are sadly in need of intelligent instruction. Even our boards of health are not treating the subject intelligently. All the conditions producing poisonous milk are not yet discovered, but what is known can be taught, and new facts may thus be discovered.

**SENSORIAL LOCALIZATION.**—A case of great interest was shown at the Medical Society of the Paris Hospitals by M. M. de Heilly and Chantemesse. The British Medical Journal records the case as follows: A young tuberculous female became suddenly aphasic. She could hardly comprehend anything that was said to her. She could neither read nor write, and only pronounced some incoherent words. Sight, hearing, motor power and general sensibility were well preserved. Her intelligence was almost completely preserved; she understood signs made to her, conducted herself correctly in feeding herself; recognized a friend who came to see her, and took part, by smiles and changes of expression, in the games with which the patients amused themselves. At the post-mortem examination there was found a thrombic clot in the fourth branch of the left Sylvian fissure, with softening of the cortical matter of the tributary territory, affecting the superior labium of the first Temporo-sphenoidal convolution in its posterior half, extending over the lower half of the inferior parietal lobule, and over the anterior half of the gyrus. The limitation of the lesion, the marked and well-defined character of the symptoms justify the record of this case as one highly illustrative of the series considered to indicate definite lesions as belonging to the condition of word-blindness or word-deafness, and in maintaining by pathological evidence the doctrine of sensorial localization.

**SKIN ERUPTIONS IN LOCOMOTOR ATAXIA.**—Charcot, Vulpian and others (Medical Record), have observed the presence of skin eruptions (papulæ, maculæ, etc.),

in cases of sclerosis of the posterior columns. These eruptions have been found to be in intimate connection with the lancinating pains of tabes. J. Strauss (Arch. de Neurologie) has now noted ecchymoses in the skin appearing in tabes after the paroxysmal pains. These ecchymoses show themselves only after the attacks are over, and they resemble the spots which result when the skin is pinched severely. They have an irregular, round shape, and their size varies from that of a split pea to that of a silver half dollar. There are, usually, several spots in one extremity. They are painless, and are observed only after a very severe attack of pain, and according to the nature of the latter the spots are one or double-sided. The spots are mostly to be found above the seat of the pain, and differ from Charcot's skin eruptions by not following the course of the nerve. Exceptionally they appear on the extremity which is not the seat of the pain. Strauss considers these spots as rather frequent in locomotor ataxia, and brings them in direct connection with the morbid alteration of the posterior columns of the spinal cord. He thinks that they are reflex phenomena (irritation of the vaso-dilators). This seems possible, if we remember the hemorrhages which have often been observed in cases of tabes after gastric and rectal crises (paroxysms of intense pains, beginning either in the stomach or in the rectum).

**LIQUID OZONE.**—Pure liquid ozone is said, by an Eastern exchange, to have been obtained by MM. Hautefeuille and Chapuis. They compressed a mixture of oxygen and ozone under 125 atmospheres, and cooled the end of the tube with a jet of liquid ethylene. On suddenly releasing the pressure a drop was observed at the end of the tube having a deep indigo-blue liquid, while the gas above it was colorless, but when the liquid disappeared the whole contents of the tube assumed its color to a certain degree.



**CASE OF ASCARIDES LUMBRACOIDES AND PERITONITIS.**—Dr. J. Taylor Stewart, in the Cincinnati Lancet and Clinic, reports the following case: A little girl, eight years old, who presented symptoms of worms, had received from her father the popular santonine treatment. On the fourth day of her illness she died from diffused peritonitis. Before and after death several worms escaped from her mouth and nose. Autopsy revealed a collection of worms in the peritoneal cavity. They were knotted together in a wonderful manner. The point of perforation was readily found, as one of the worms was engaged in the opening. Just below this, and in the intestine, a very large collection of the same kind was found. The fatal issue in this case was attributed to the intoxicating influence of the santonine upon the worms, exciting them to violent action, resulting in inflammatory softening of the intestinal tunics, and subsequent communication between the intestine and peritoneum.

**ESERINE IN TETANUS.**—Dr. Layton reports in the New Orleans Medical Journal a case of tetanus cured with the following prescription: Sulphate of eserine, one-half grain; pure glycerine, two fluid drachms; syrup of orange flowers, fourteen fluid drachms; water, two ounces. M. S. Teaspoonful, which contained 1-64 grain or one milligramme of eserine, every hour. The glycerine was added to prevent the decomposition of the eserine, because this drug is affected even by exposure to the atmosphere. From January 10th, in the evening, the doses of eserine were given at intervals of an hour and a half; later, the time was increased to two hours the remedy was continued until January 17th, when the child had taken, in all, three grains of eserine; the prescription was then discontinued, the only remaining trace of the attack being some rigidity of the jaws, which had entirely disappeared by January 30th.

**PROLAPSE OF THE URETHRA IN A YOUNG GIRL.**—Doctor V. Ingersley reports the case of a young girl, American Med. Weekly, who attempted to stop laughing by stuffing a handkerchief into her mouth. She immediately felt something give way between her thighs. The labia were separated by a reddish blue tumor, the thickness of the end of the index finger and about a centimeter in length. Reduction was easy, but reprotrusion occurred again and again. Finally the portion protruding was amputated. Recovery was rapid and the operation was successful.

**PUERPERAL CONVULSIONS TREATED WITH VERATRUM VIRIDE.**—An interesting case is reported by Dr. John Brown, in the Obstetric Gazette, of puerperal convulsions treated by full doses of veratrum viride. The patient had a normal labor in every particular, the membranes and placenta were all expelled. Soon after her delivery, she was taken with violent convulsions. These occurred every half hour in spite of repeated large doses of bromide of potassium. Her pulse was 130° and her temperature 101° Fahr. After consultation, she was given forty drops of Norwood's tincture of veratrum viride. This reduced the pulse to 110° and enabled her to pass the next half hour without a convulsion. She was then given sixty drops more, which reduced the pulse five beats more. Some hours later she was given sixty drops more of the tincture. This reduced the pulse to 72 regular full beats. From that time forward, whenever she was a little nervous, a few whiffs of chloroform were given to quiet her. A good recovery was made.

**BELLADONNA IN TETANUS.**—Dr. Whiteley reports two cases of tetanus in the British Medical Journal, which he claims to have cured by belladonna in large doses. From twenty to thirty minims of the tincture were given every two hours.

**STRICTURE OF THE RECTUM TREATED BY ELECTROLYSIS.**—Following close upon an article on stricture of the urethra treated by electrolysis, is a similar one by the same author, Dr. Newmen, on stricture of the rectum. The manner of procedure is the same in each case, and the results obtained are equally good. The method deserves further trial.

**THE ERADICATION OF NÆVI.**—Dr. Browning publishes in the Australian Medical Gazette, his treatment of nævi by electrolysis. A large positive electrode should be used and the negative electrode should be made of five or six needles. After the introduction of the needles the nævus is seen to whiten at once. A permanent cure is believed to be obtained by this means.

**WRITERS' CRAMP.**—The British Medical Journal in an article on the above subject, considers that writers' cramp, although counted among minor nervous disorders, has probably given rise to quite as much discomfort and even hardship as some of those considered more important. Many expedients have been tried to relieve it, such as a thick penholder, metal plates attached to the penholder, besides such severe measures as myotomy, tenotomy and nerve-stretching. The treatment recommended at present is absolute cessation for a prolonged period from all attempts at writing, the use of the constant current and a well-directed exercise of the muscles, with a general tonic treatment. Professor Nussbaum, of Munich, set himself to contrive a penholder that would be directed by the extensors and adductors, instead of the flexors and abductors, because there is always a spastic contraction of the flexors and adductors with a weak condition of the extensors and abductors. He made a bracelet of a stiff band of gutta percha, oval in shape, about one-eighth of an inch thick and one and a fourth inch broad, having a long diameter of about

three and three-fourths inches, and a short one of one and a fourth inch. In using it the thumb is only just entered, the fourth finger is entered almost as far as it will go, and the little finger is left outside. The bracelet can be held firmly only by expanding the fingers strongly, that is by the use of the extensors of the first four fingers, and the abductor of the thumb. The pen is screwed to this bracelet, so as to be in contact with the paper when the hand lies on the table. Professor Nussbaum says that a number of cases treated by him wrote at once easily and distinctly with this instrument, not a trace of spasm appearing in any of them. This method of treatment is extremely simple, and has this very strong recommendation in its favor, that in place of the patient being forbidden to write, he is encouraged to write with the instrument as much as he possibly can in order thereby to strengthen the antagonists of the muscles liable to spasmodic contraction.

**TYPHOID FEVER IN CATTLE.**—Reports come from North Hudson county, N. J., of the death of several cows of typhoid fever. Out of ninety animals in a dairy, thus far twenty-two have died of this disease. If this be true, the most stringent regulations should be adopted at once, and the attention of inspectors all over the country called to the fact.

**ANÆSTHESIA OF THE PHARYNX.**—M. Du Cazal remarks (L'Union Med.) that tincture of coca is an excellent medicament to cause anæsthesia of the pharynx. This can be secured by simply painting the mucous membrane. This fact is of interest to all who use the laryngoscope.

M. P. BERT claims that herbivorous animals acclimated to high altitudes have more oxygen in their blood than similar species which live nearer the level of the sea. Acting upon this suggestion wasting diseases should be treated at high altitudes.



## LOCAL.

The regular semi-monthly meeting of the Chicago Medical Society was held November 6th, Doctor J. H. Hollister, President, in the chair. Doctor Wm. Godfrey Dyas read a comprehensive paper on The Anatomy and Physiology of the Lymphatic System. The discourse was the result of extended research, some of which was done years ago at the University of Dublin. The Doctor presented that which is known upon the subject and brought the matter down to the present time so that it would bear the scrutiny of recent physiological research. He illustrated the subject by a number of plates made from sections as actually cut and studied by himself. The thanks of the society were tendered Doctor Dyas, and he was requested to read at a future meeting his essay upon Lymphatitis, as no paper upon this subject had ever been presented to the society.

Doctor Eugene S. Talbot read a paper on Alveolar Abscess, which was illustrated by drawings.

Doctor R. Tilley exhibited specimens of the Ceinture as used by Professor Charcot in certain hysterical affections dependent upon inflammations of the ovary.

The society has made a new move in deciding to appoint a committee to arrange for a banquet to be given at the end of the year by the society. Doctors A. Reeves Jackson, R. Brower and L. C. Waters were appointed as a committee.

From the report of the State Board of Health in Michigan it will be seen that there has been during the past month a noticeable decrease in the communicable diseases most to be dreaded in Michigan. The average for the month of said diseases is less than it has been for the past five years.

Another grind has been taken at the hospital investigation. After hearing arguments by counsel for either side, there was

no material change to be made in the statement of the facts. The investigation has cost the county hundreds of dollars. It is to be hoped that everything which has been done and will be done is pro bono publico.

THE University of Pennsylvania has decided not to admit women to the Department of Arts, but has decided should it prove possible, to raise a sum sufficient, to establish a separate collegiate department.

RECTAL EXAMINATION IN VESICAL CALCULUS.—The Edinburgh Medical Journal calls attention to R. Volkmann's article in *Centralb. für Chirurg.* In children suffering from vesical calculus a bimanual method of examination through the rectum and above the symphysis is of great value. Anæsthesia is necessary and the abdominal walls should be thoroughly relaxed. The fingers of the left hand in the rectum raise the stone, the bladder being empty and the right hand guides it to the symphysis pubis. If the stone is not too large, it may be so far raised that a string could actually be passed around it. In adults the operation of course would not be so successful.

MYCOTIC DISEASE OF THE KIDNEYS.—Dr. M. Litten, in the *Ztsche. f. Klin. Med.*, reports two very interesting cases of mycotic affection of the kidneys. Two persons living together in one house became suddenly affected with rigors, great increase of temperature and albuminuria of a high degree. Under uraemic symptoms both died. Toward the end perfect anæmia was present. At the post mortem the kidneys were found filled with bacteria. Both patients had been drinking water from a well which existed near a graveyard. The water was found full of bacteria. Similar cases have been reported this year by Bamberger and Aufrecht.

## ORIGINAL CONTRIBUTIONS.

*THE INTRODUCTION OF THE STOMACH TUBE.*

BY JOHN BARTLETT, M. D., CHICAGO.

Dr. S. D. Gross, in his system of surgery, writes: "It seems difficult to believe that such an instrument, the stomach tube, could be passed into the windpipe instead of the œsophagus, and yet, judging from the cautious manner in which writers lay down their instructions for its introduction, we are forced to conclude that such an occurrence is not only possible but occasionally quite probable. The accident would, it may be presumed, be most likely to happen when the patient is in a state of deep coma or partial asphyxia, thus preventing him from perceiving the contact of the instrument."

Five years ago the writer introduced the subject of this article before a medical society. Comments were elicited from one member only, one of the most experienced practitioners. He declared that the tube entered the gullet without resistance, whereas, on account of laryngeal spasm, its passage into the trachea was quite unlikely, if not impossible. Other physicians have expressed their conviction that the stomach tube could be passed as ordinarily done, readily, safely, and without special skill. With this prefatory presentation of opinions which, it is believed, represent those of the mass of the profession the writer will proceed with the substance of his papers.

The physician's practical acquaintance with the pharynx and his theoretical conception of its status is probably chiefly derived from dissecting-room experience. The pharynx stuffed with hair till it assumes a diameter of an inch or more, impresses the student as a muscular pouch standing open, or easily dilatable. As a corollary to this view, there follows the conception that the introduction of an instrument into this patulous bag is easy. Contrariwise, in reference to the glottis, the student may be taught that it is faithfully guarded from the entrance of foreign bodies, and possibly he may be told that it is impracticable to introduce probangs into it.

In contrast with these ideas the writer presents two propositions representing his opinions. Following these are a few ob-

servations embodying the sum of his not extended experience in the use of the stomach tube:

1. The normal state of the pharynx as determined by frozen sections, by the pharyngoscope, by the touch, and by efforts to introduce instruments, is a cavity closed from before backward. Entrance of a tube into, or withdrawal of one from it may be resisted by contraction of its muscles.

2. In the effort to introduce a stomach tube there is great liability of its passing into the larynx. In fact, unless attempts are well directed, it slips into the larynx more readily than into the pharynx.

## OBSERVATIONS.

In a case in which measurements were taken it was found that fluid injected into the tube entered the stomach when the eye of instrument had passed  $18\frac{3}{4}$  inches beyond the surface of the lips. It may be estimated that a tube has passed the cardia when from 19 to 21 inches of its length have passed the lips; or when, the tube measuring 24 inches, the length protruding beyond the mouth corresponds to the width of the hand. It should, however, in cases of poisoning be gently intruded till a certain resistance is felt, in order that its openings may reach completely to the matters to be evacuated.

Embarrassment in using the stomach tube is increased by the circumstances that gagging, apparent choking, and general distress of the patient are often present when it is properly entering the pharynx. These symptoms, except, perhaps, disposition to emesis, moderate in a little time. Where doubt exists, the operator should cease his efforts, note the condition of his patient, investigate the position of the tube with the finger, and use, perhaps, the flame test. A method which will sometimes be practiced is to pass the tube on gently; if it sink deeply it is in the œsophagus; if it be arrested while much of its length is yet without the mouth, unless there be obstruction in the gullet, the instrument is in the trachea. Of course nothing should be injected into the tube till the operator is certain of its whereabouts.

When a patient is conscious or partly so, the passage of the tube into the larynx manifests itself by symptoms of obstructed breathing, as struggling, lividity of the face, embarrassment of respiratory movements, etc. When, however, the patient



is comatose the *error loci* of the tube is not so apparent. In one case of opium narcosis, the tube introduced through the larynx, did not reveal the error of its position by very marked symptoms. The patient breathed moderately well. Passage of air through the tube was not audible, but the flame of a candle held before the orifice gave certain indication that respiration was taking place through the tube. It may be presumed that while the instrument is passing the narrow cavity of the larynx breathing is impeded or arrested, but, that having reached the trachea, air is admitted quite freely through the tube. These facts have illustration in the method of "tubage" of the larynx in the management of croup.

When the patient is narcotized the introduction of the tube is less difficult, the pharyngeal resistance being at its minimum.

Occasionally air rushes through the tube when partly introduced into the œsophagus with a decided noise, so that one might infer that the instrument was in the trachea. It is well therefore to remember that air may thus be forced from the stomach through the tube in transitu.

Asphyxia, from even the momentary passage of the tube into the larynx is sometimes so serious as to require a resort to artificial respiration to restore the respiratory function. This fact may be accounted for on the supposition that in many cases demanding the use of the tube, the respiratory sense is already blunted, and the respiratory act imperfectly performed.

A tube that has entered the trachea if pressed on in its course will be arrested "half-way down" by impinging against the walls of a bronchus.

The act of gagging seems favorable to the entrance of the tube into the pharynx.

In the event of fluid being injected through a tube which has passed down to, but not through a tight stricture, it may well up alongside of the tube, overflow the glottis and run out of the mouth.

Acts of vomiting occurring when the tube is in position may result in the forcible ejection of the fluid contents of the stomach through the tube.

The syphon principle is available in filling and emptying the stomach through the tube.

The stomach may be emptied of fluid by inverting the patient, or simply by inclin-

ing the body so that the mouth shall be on a much lower plane than the abdomen.

The use of the tube when the stomach is filled with food is a most unsatisfactory procedure; the eyelets are clogged repeatedly with particles. Sometimes the instrument must be withdrawn that it may be cleared; but clearance may frequently be effected by a current of water injected down the tube.

The soft tubes pass down quite well when they have fully entered the pharynx. In cases where resistance is offered, the old style of instrument is preferable, as it is more practicable to direct the point of such a one than that of one more yielding.

The introduction of the tube into the air passages may lead to laryngitis, laryngeal ulceration, or bronchitis.

If the wedge be used, it is better to place it on the left side of the mouth, so that the operator, if occasion arise, may explore the throat, or direct the end of the tube with the left hand fingers.

#### THE STOMACH TUBE DIRECTOR.

To render the introduction of the stomach tube more certain, safe and easy, I have devised a simple instrument, by means of which the difficulties encountered in the fauces are bridged over, as it were. It consists of a metal tube of a calibre adequate to carry the stomach tube, and of a length sufficient to extend from an inch or more beyond the lips to a point in the pharynx behind the larynx. The curve of the instrument corresponds nearly with a line passing in an elliptic curve from the border of the upper incisor teeth, midway between the margin of the soft palate and the epiglottis, to terminate behind the thyroid cartilage. The director is provided with a suitable handle at the outer end, and the curved extremity, bevelled off at the expense of the upper surface, is somewhat chisel-shaped, (*b*). At a point corresponding to the glottis, the tube being in situ there are on the under and lateral surface of the director rows of perforations (*g*).

#### MODE OF USING THE INSTRUMENT.

The head of the patient being slightly inclined backward and the mouth wide open, the director is passed, preferably alone, i. e., without the use of the finger as a guide, so that its extremity slides downward upon the posterior wall of the pharynx, while the body of the tube advances about centrally

in the oral cavity. Probably the point will now come to rest on the upper surface of the larynx. As the final act of introduction, with a slight rocking motion of the handle, the point of the instrument is passed a little farther onward, downward and backward, when it slips from the prominence of the larynx into the cleft

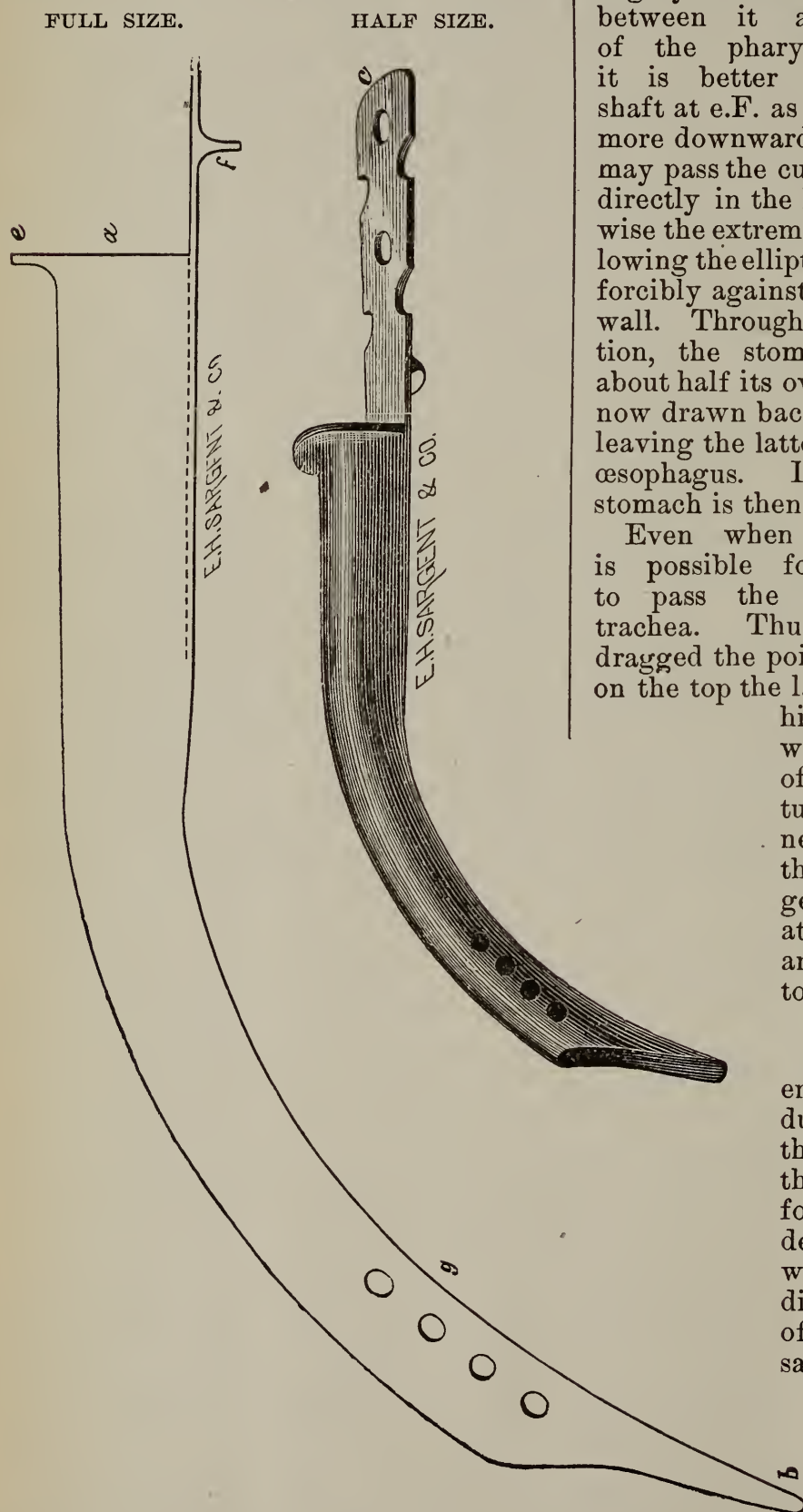
between this organ and the posterior wall of the pharynx; the shaft of the director then pressing up against the front teeth. The instrument now held by the finger and thumb of the left hand applied to the lugs, e. F. is pressed from behind forward so that the flat face of the director at (b) shall draw the laryngeal body slightly forward and increase the space between it and the posterior wall of the pharynx. In this movement it is better to so draw upon the shaft at e.F. as to tilt the point b. rather more downward, so that the stomach tube may pass the curve of the instrument more directly in the line of the pharynx, otherwise the extremity of the stomach tube following the elliptical curve may impinge too forcibly against the posterior pharyngeal wall. Through the director, thus in position, the stomach tube is intruded for about half its own length. The director is now drawn back over the stomach tube, leaving the latter well advanced into the œsophagus. Its introduction into the stomach is then easy.

Even when the director is used it is possible for the careless operator to pass the stomach tube into the trachea. Thus a maladroit surgeon dragged the point of a director yet resting on the top the larynx directly forward be-

hind the epiglottis in such a way as to insure the passage of the advancing stomach tube into the glottis. It is necessary, therefore, to use the director with an intelligent appreciation of the anatomy of the parts involved and of its intended relation to these.

#### PHARYNGEAL DILATOR.

Having at times experienced difficulty in the introduction of instruments other than the stomach tube into the pharynx, as probangs, forceps, &c., the writer has devised a kind of spatula which may prove useful as a dilator of the pharynx. It is of strong steel, and has the same curve as the director.





## CORRESPONDENCE.

## PHILADELPHIA LETTER.

*The American Academy of Medicine—Philadelphia Hospital—Warm Blood for Anæmia—Women Doctors—Herbert Spencer—Chlorate of Potassium—Opposition to Koch.*

PHILADELPHIA, Nov. 12, 1882.

The seventh annual meeting of the Academy of Medicine has been held in this city, and gave great satisfaction to its friends, as it showed such marked evidences of prosperity and sustained interest. Numerous papers were read and were well received. During the past year, death has removed from the fellowship of the association, Dr. H. Lennox Hodge and Dr. Allen, the late president of Girard College. Biographical notices of these gentlemen were read by the secretary. A new feature in the session was a collation, which was so much enjoyed that it will be considered an important feature hereafter. There seems to be the closest sympathy between the par vagum and any mental effort, whether it pertains to medicine, religion or politics. The Academy now numbers over two hundred. Fifty-one new Fellows were elected at this last meeting.

It is a mooted question as to how students are to acquire a practiced knowledge of obstetrics. By the laity at least, the idea appears to be held that obstetrics must be learned practically, but after the manner that the cautious mother allows her son to learn to swim. She has no objections to his swimming, in fact considers it a necessity for him to learn, but stipulates that he shall not go near the water. It seems to shock no one's sensibility that operations in gynæcology which require the exposure of the entire genitals are repeatedly performed before a large class of students. Dr. Warder had the temerity to have a negress, who was in active labor, etherized and brought before his clinic at the Philadelphia Hospital. He delivered the patient with forceps. This was an opportunity for clinical instruction such as few students of medicine in this country have ever had presented to them. Immediately after the delivery, the hospital committee threatened Dr. Warder with expulsion from the staff. The clinic as given may not have been advisable on ac-

count of the surroundings, but certainly no other criticism would be fair.

While speaking of hospital matters, it would be well to consider the fast approaching fact of dux femina erit. In Blockley, one of the medical staff, an efficient and faithful member, has been quietly dropped in order that room be made for the appointment of a doctress who desired his position. In order that no stigma be attached to the gentleman who was treated in this summary fashion, a series of resolutions were passed by the board to the effect that he lost his position solely on account of his sex. The facts furnish their own commentary.

Dr. Thomas S. Butcher is strongly advocating the no longer new remedy of warm bullocks blood in cases of anæmia. The subject would be of especial interest to a city like Chicago where the remedy is so easily obtained. The doctor claims to have little or no trouble in gaining the consent of his patients to try this treatment, which to most people is repulsive. In many cases of defective nutrition, especially where there is no organic disease in the hæmopoietic system, the remedy is efficient. Dr. Butcher sates that the precautions necessary are, to have blood warm from the animal and not defibrinated; to begin with a small dose, that is, not over a quarter of a tumbler full, to use nothing with it at the time of exhibition, with the exception of a little salt. He makes the statement that in many cases, in most cases if properly chosen, not less than one pound per week will be gained in weight.

Mr. Herbert Spencer has bade us farewell, and has given us at parting some good advice, which is an amplification of the old proverb, "All work and no play makes Jack a dull boy." Americans certainly do work fast and travel far. The times demand energy. The onward progress of civilization will permit of no lagging. Mr. Spencer forgets the still older proverb, "Physician, heal thyself."

The history of chlorate of potassium will illustrate the condition of the therapeutics of those who take hearsay and they say for facts. Every now and again somebody finds the idea, for no other expression can be used, that chlorate of potassium will supply the lack of oxygen in the blood. Any one familiar with laboratory work knows that chlorate of potassium does not part with its oxygen unless heated to a degree sufficient to cremate



the human body. The brilliant idea has seized possession of one of our Dublin confreres of giving chlorate of potassium in cases of night horror in children. The reason for this is stated to be the fact that the disease is caused by sleeping in closed rooms and the consequent inhalation of air vitiated by carbon dioxide and other poisonous materials. It would seem likely that the ready and natural means of cure would be found in restoring to the sufferer those conditions favorable for rigid hygiene. Such reasoning is fallacious. Chlorate of potassium must be given both as a preventive and a curative.

Before a largely attended meeting of the Philadelphia County Medical Society, Dr. H. F. Formad made a demonstration of the bacilli tuberculosis. The question has grown to be of so much importance that the speaker held the undivided attention of his audience. Without denying Koch's results, Dr. Formad claims that thus far there has been no reliable demonstration of the etiological relation of these bacilli to phthisis. He objects not only to the importance attached to the test by staining, since it is not peculiar, but also to the inoculation test, because the successful ones have been made on animals which have a strong predisposition to tuberculosis, and contract it from inoculation of non-specific substances. Many of the results claimed to be successful he regards as cases of pseudo-tuberculosis. There is considerable more food for further thought and experiment in the matter than is generally believed. In a brief discussion which followed the article, in which Drs. Wood, Gross, Tyson Bartholow, Cohen and others took part, the general opinion prevailed that Koch's doctrine needed further scrutiny. It is well that such is the case, for the truth, if it be truth, will be all the truer for close sifting and scrutiny. C.

**THE DIGESTIVE POWER OF COMMERCIAL PEPSIN.**—Dr. C. L. Dana, in the *American Journal of the Medical Sciences* for October, gives the result of a number of experiments upon the above. His conclusions are as follows: That in a menstruum outside the stomach, only slight results can be obtained from pepsin, unless every precaution is carried out. That the different pepsins have different values. That lactopeptin and the so-called essences and elixirs

of pepsin are feeble preparations. Inside the stomach, it will have a value two or three times greater, as it will digest twenty or thirty times its own weight. Large doses should be given, even of so-called pure pepsins. The physician should always know how much pure pepsin there is in saccharated preparations. Acid should generally be given immediately before, and the pepsin after meals. His experiments show that the medicament is, after all, a feeble one.

Two more deaths from chloroform are reported in the *British Medical Journal*, and the verdict in the matter is that no one was at fault, and that nothing was wrong excepting the victim's heart.

## BOOK REVIEWS.

**A TREATISE ON THE SCIENCE AND PRACTICE OF MEDICINE, OR THE PATHOLOGY AND THERAPEUTICS OF INTERNAL DISEASES.** By Alonzo B. Palmer, M. D., LL.D. New York, G. P. Putnam's Sons; Chicago, W. T. Keener. 1882.

This is a welcome addition to our list of works on practice from the fact that it is by an American author. This, as we find from the title page, is the second volume of Doctor Palmer's work, and is taken up with all that pertains to rational treatment of diseases of the thoracic and abdominal viscera and the nervous system. The work contains nothing essentially new, but is the embodiment of the Doctor's teachings for years past. Moderation is a leading feature in the treatment as given through the work. It is not safe for any student to take a given book on practice and adhere to all its precepts as rigidly as if they were the dicta of an oracle. Doctor Palmer's work is a good one to supplement other reading and to give a clear idea of what other members of the profession believe and find efficient. The first forty pages are taken up with carefully digested statements concerning physical diagnosis especially as applied to the respiratory system. A number of formulae are given through the work which may or may not be of value according to the reader's cast of mind, whether it be solely receptive, a bonded warehouse, or a thinking entity which is capable of some



work on its own responsibility. Over three hundred pages are given over to the consideration of the diseases of the nervous system. The remaining pages are filled with the pathology, diagnosis, treatment and prognosis of the diseases of the respiratory, urinary and sexual systems.

**HANDBOOK OF OPHTHALMIC PRACTICE.** By Charles Higgins, M. D., F. R. C. S. Second edition revised. Philadelphia: P. Blakiston, Son & Co. Chicago: W. T. Keener, 1882.

This little work is, as its title proclaims, a handbook of ophthalmic practice. It does not cover the ground of the specialist in whole, nor even in a large part, but is a manual for the student beginning the study of ophthalmic disease, and is of convenient size and shape for a handbook in the clinic room. The type is very clear, and the student while listening to the lecturer can gain from this work at a glance the general outline of the subject under discussion. Every student has felt the need for just such works as this.

**PRACTICAL LABORATORY COURSE IN MEDICAL CHEMISTRY.** By John C. Draper, M. D., LL. D. New York: William Wood & Co. Chicago: W. T. Keener, 1882.

Dr. Palmer has written a little work to supplement the student's course at college, and also to direct him in his laboratory work so that no time be lost in haphazard experimentation, and the student at once employs his time to the greatest advantage. The book is exactly what it professes to be. It does not take the place of manuals upon chemistry, nor does it pretend to give an exhaustive course even on medical chemistry, but is full of such facts as are required in manipulation and in the study of tests which are useful in forming a correct diagnosis, or in solving hygienic problems. To facilitate the recording of experiments, and for jotting down facts such as may be given by the various lecturers, every other page has been left blank. In order to give practice in the use of the signs employed in prescription writing, all quantities are indicated by symbols used for this purpose.

**PHYSICIAN'S VISITING LIST, 1883.** P. Blackiston, Son & Co., Philadelphia, W. T. Keener, Chicago.

This annual number of the above is more

than usually good. It is compact in form, handsome in appearance, and the paper in it is of good quality. Several valuable additions have been made in the way of tables, which, without being extended, furnish the ready information needed while making professional calls.

## THE ARMY.

**OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Oct. 12, 1882, to Nov. 11, 1882.**

Williams, John W., Surgeon, to proceed to Vancouver Barracks, W. T. and report, upon arrival, to the Commanding General, Department of the Columbia, for assignment to duty in that Department (S. O. 168, Mil. Div. Pacific, October 13, 1882.)

Moore, John, Major and Surgeon, Medical Director, Headquarters Department of the Columbia, granted leave of absence for one month, with permission to apply to Headquarters Military Division of the Pacific for extension of one month. S. O. 145, Dept. of the Columbia, Oct. 3, 1882.

Turrill, Henry S., Captain, Assistant Surgeon, assigned to duty at Fort Omaha, Neb. S. O. 112, Par. 3, Dept. of the Platte, October 23, 1882.

Byrne, Charles B., Captain and Assistant Surgeon; leave of absence extended ten days. S. O. 243, A. G. O., Oct. 18, 1882.

Crampton, Louis W., Captain and Assistant Surgeon; to be relieved from duty in Department of Dakota and to report in person, to Commanding General, Department of the East, for assignment. S. O. 23, A. G. O., Oct. 11, 1882.

Barnett, Richards, Captain and Assistant Surgeon; relieved from duty in Department of Platte, and to report in person, to Commanding General, Department of the East, for assignment. S. O. 237, A. G. O., October 11, 1882.

Loring, Leonard Y., Captain and Assistant Surgeon; granted leave of absence for four months. S. O. 243, A. G. O., October 18, 1882.

Banister, John M., 1st Lieutenant, Assistant Surgeon. The leave of absence granted by Par. 5, S. O. 203, Dept. of the Missouri, Oct. 10, 1882, is extended one month. S. O. 113, Par. 2., Mil. Div. of the Missouri, Oct. 23, 1882.

Wilson, George F., Assistant Surgeon, is relieved from duty at Vancouver Barracks, W. T., and assigned to duty at Fort Townsend, W. T. S. O. 148, p. 1, Dept. of the Columbia, Oct. 6, 1882.

Owen, Wm. O., Jr., Assistant Surgeon, is relieved from duty at Fort Townsend, W. T., and assigned to duty at Vancouver Barracks, W. T. S. O. 148, p. 1, Dept. of the Columbia, Oct. 6, 1882.

Bushnell, George E., 1st Lieutenant, Assistant Surgeon, extension of one month's leave of



- absence is revoked. S. O. 247, p. 2, A. G. O., Oct. 23, 1882.
- Kane, John J., Assistant Surgeon, whose leave of absence, granted Oct. 9, 1882, Dept. of the Missouri, is extended two months. S. O. 247, par. 3, A. G. O., Oct. 23, 1882.
- Wyeth, N. C., 1st Lieutenant, Assistant Surgeon, will be relieved from duty at Fort Meade, D. T., upon his return from detached service and will proceed to Fort Yates, D. T., and report to the commanding officer of that post for duty. S. O. 172, Dept. of Dakota, October 19, 1882.
- Wakeman, W. J., Assistant Surgeon; upon being relieved at Fort Douglas, N. T., to proceed to Fort Fred. Steele, W. T., and report for duty. S. O. 106, Dept. Platte, October 6, 1882.
- Kane, John J., Assistant Surgeon; granted leave of absence for one month, with permission to apply for extension of three months. S. O. 202, Dept. Mo., Oct. 9, 1882.
- Brechemin, Louis, Assistant Surgeon; relieved from duty in Department of Dakota, and to report, in person, to Commanding General, Department of the East, for assignment. S. O. 237, A. G. O., Oct. 11, 1882.
- Bushnell, Geo. E., 1st Lieutenant and Assistant Surgeon; leave of absence extended one month. S. O. 244, A. G. O., Oct. 19, 1882.
- Gray, W. W., 1st Lieutenant and Assistant Surgeon; to be relieved from duty in Department of the Columbia, and to report, in person, to Commanding General, Department of the South, for assignment. S. O. 237, A. G. O., Oct. 11, 1882.
- Appel, A. H., 1st Lieutenant and Assistant Surgeon; granted leave of absence for one month. S. O. 168, Dept. of Dakota, Oct. 14, 1882.
- Carter, Edward C., Assistant Surgeon, now at Camp Price, to proceed to Fort Thomas and report to the commanding officer of that post for duty. S. O. 159, Dept. of Arizona, Oct. 11, 1882.
- Everts, Edward, Assistant Surgeon; assigned to duty at Fort Coeur d'Alene, I. T. S. O. 145, Dept. of the Columbia, Oct. 3, 1882.
- Taylor, A. W., Assistant Surgeon, relieved from duty at Fort Supply, I. T., and assigned to duty at Fort Cummings, N. Mex. S. O. 208, Dept. of the Missouri, Oct. 16, 1882.
- Spencer, W. C., Surgeon; in addition to his duties at Fort Snelling, Minn., to perform the duties of attending surgeon at Department Headquarters. (S. O. 176, Dept. of Dakota, Oct. 24, 1882).
- Ainsworth, F. C., Asst. Surgeon; granted leave of absence for one month with permission to apply for extension of one month. (S. O. 120, Dept. of Texas, Nov. 1, 1882).
- Ainsworth, F. C., Asst. Surgeon; the leave of absence granted Nov. 1, 1882, is extended one month. (S. O. 121, Mil. Div. of the Missouri, Nov. 9, 1882).
- Barnett, Richards, Asst. Surgeon; granted leave of absence for one month with permission to apply for extension of five months. (S. O. 202, Dept. East, Nov. 1, 1882).
- Brewster, Wm. B., Asst. Surgeon; on being relieved by Acting Assistant Surgeon Potter, will proceed to Fort Bridger, Wyoming, reporting to the commanding officer thereof for duty. (S. O. 116, Dept. Platte, Nov. 4, 1882.)
- Gray, W. W., Assistant Surgeon; granted one month leave of absence on Surgeon's certificate of disability, with permission to apply for an extension of five months. (S. O. 103, Dept. of the South, Oct. 31, 1882.)
- McElderry, Henry, Assistant Surgeon; upon arrival of Assistant Surgeon Brewster at Fort Bridger, Wyoming, to be relieved and ordered to Fort Robinson, Neb., to report to the commanding officer thereof for duty. (S. O. 116, Dept. Platte, Nov. 4, 1882.)
- O'Reilly, Robert M., Captain and Assistant Surgeon; detailed member of board of officers to assemble at Washington, D. C., to examine into and report upon qualifications of candidates for Superintendents of National cemeteries. (S. O. 254, A. G. O., Oct. 31, 1882.)
- Appel, Aaron H., 1st Lieut. and Assistant Surgeon; leave of absence extended two months. (S. O. 255, A. G. O., Nov. 1, 1882.)
- Brechemin, Louis, 1st Lieut. and Assistant Surgeon; leave of absence for five months granted. (S. O. 259, par. 2, A. G. O., Nov. 6, 1882.)

## BOOKS AND PAMPHLETS.

- Morris Longstreth, M. D., Philadelphia. Rheumatism, Gout, and Some Allied Disorders. New York, Wm. Wood & Co. Chicago, W. T. Keener, 1882.
- Joel A. Miner, Physician's Memorandum Book. Ann Arbor, Michigan.
- George H. Rohe, M. D., Some Points on the Administration of Anæsthetics. Baltimore, Office of the Medical Chronicle.
- J. M. F. Easton, M. D., Brazil. Use of the Ecchymator for Curing Deep-Seated Fistula in Ano Extracted from the American Journal of The Medical Sciences for July, 1881.
- Henry B. Baker, M. D., Lansing. A Proposed Bill to Regulate the Practice of Medicine in Michigan. Reprint from the Michigan Medical News, October, 1882.
- H. B. Baker, M. D., Lansing. The Michigan Plan for General Boards of Health. Abstract of paper read before the National Social Science Association, September 6th. Reprint from the Detroit Lancet, October, 1882.
- Annual Report of the War Department. Surgeon General's Office, Washington, October 1, 1882.
- Physicians Visiting List for 1883. Lindsay and Blakiston, Philadelphia; W. T. Keener, Chicago.
- Lionel S. Beale, M. B. F. R. S. Philadelphia, P. Blakiston, Son & Co.; Chicago, W. T. Keener, Chicago, 1882.
- The Medical Record Visiting List or Physician's Diary for 1883. New York, Wm. Wood & Co.
- The Pharmacopœia of the United States of America, Sixth Decennial Revision. New York, Wm. Wood & Co.; W. T. Keener, 1882.



# Chicago Medical Review

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E. C. DUDLEY, EDITOR.  
CHARLES H. LODOR, ASSOCIATE EDITOR.

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**PENAL CODE AS REGARDS SUICIDE.**—A meeting of the Medico-Legal Society, says a New York cotemporary, held a short time ago, was occupied with an essay and discussion on the practicability of treating suicide as a crime and suppressing it by penal laws. The report, given in the Law Journal, does not indicate whether the members were aware that the penal code, which goes into effect on the 1st of December next, contains some guarded and moderate provisions having this purpose. It declares suicide to be a grave public wrong, frankly avowing that from the impossibility of reaching the perpetrator, if successful in his attempt, no forfeiture is imposed. It declares quite severe punishments upon any one who may attempt suicide failing of success, and on any one who aids or encourages another in attempting his own life, whether the attempt be successful or not. Mr. Clark Bell, who read the essay above mentioned, seemed inclined to raise the question whether some return to ancient penal measures against suicide might not be judicious. Formerly, as is well known, the goods of suicides were forfeited to the crown; but in modern times this has seemed to be an infliction upon the heirs rather than upon the offender. In addition to this, the mortal remains were denied Christian burial, and were subject to indignities; but such customs have become abhorrent

to the general feeling, and would probably have less influence to deter from self-destruction under the relaxed views of ecclesiastical authority and of the necessity of ceremonies of the church to ensure future welfare. The general belief that suicide has increased lends color to the idea that the punitive methods of old times, barbarous and unreasonable as they may appear, may have exerted a restraining influence. We believe that the provisions of the penal code will be found to go as far in this general direction as is consistent with public sentiment; at least until hygienic and moral means for diminishing the predisposition and temptation to suicide have been more systematically and energetically tried.

**NEW TEST FOR ALBUMEN.**—According to the Boston Medical and Surgical Journal, Dr. George Johnson, of London, is now using picric acid for the detection of albumen in the urine. A saturated solution of picric acid has a specific gravity of one thousand and three. It immediately coagulates the slightest trace of albumen and the test is believed to be quite delicate and free from fallacy. One advantage of the test is its convenience. The acid may be carried in powder, and all that is necessary to apply it as a test, is to drop it into the urine previously warmed and agitate the mixture slightly.

**POISONING BY MORPHIA.**—Dr. E. Stuver in the *Medical News* reports the case of a woman who took nearly eleven grains of morphia, which had been very injudiciously left for her by her attending physician. When Dr. Stuver was called to attend her, she was profoundly narcotized, pulse 100. He at once gave her one-thirtyfifth of a grain of atropia in solution. For a period of fifteen to twenty minutes her symptoms grew gradually worse, her breathing becoming very labored and shallow, and her pulse about one hundred and fifty. From this time forward the symptoms gradually abated. An hour after the first injection it became necessary to administer a second dose of atropia. Recovery was prompt. The following day, the patient had a dull heavy frontal and vertical headache, and some nausea. There were no motor nor sensory disturbances, except slight numbness in the knees. Her pupils were slightly enlarged.

**TO DETECT CHLOROFORM.**—Vitali, in *Martin's Chemist's and Druggist's Bulletin*, recommends to place the liquid distilled from the intestines into a three-necked bottle provided with a glass exit tube having a platinum point. When a stream of pure hydrogen is passed through the liquid, chloroform will be carried along, and on igniting the gas the presence of chloroform may be detected by presenting a fine copper gauze, when an intensely green color will be imparted to the flame, due to the formation of copper chloride. The test is said to be very delicate.

**IODIDE OF POTASSIUM IN FRONTAL HEADACHE.**—Dr. Haley, *Australian Medical Journal*, claims that minimum doses of iodide of potassium are of great service in frontal headache. A two-grain dose dissolved in half a wineglass of water will often cure a dull headache which is situated over the eyebrow. The action of the drug is quite rapid.

**THE CONTAGIOUSNESS OF LEPROSY.**—From the Levitical laws down to modern times, through the history of centuries of suffering humanity, we find the deep imprint of this loathsome disease. Although modern research has done much toward solving the hidden mystery, there is as yet no cure for it. In the *Medical Journal of the Medical Sciences*, Prof. J. C. White contributes a careful study of the disease. He traces the origin of this disease in the Hawaiian Islands, in New Brunswick, Cape Breton and the United States. From his study of the history of leprosy, he believes the evidence to be convincing that it is communicable from man to man by direct transference. He considers himself as warranted in stating that as leprosy has spread under recent observations when introduced into a previously unaffected state, in so rapid and general a way as to prove that it may diffuse itself universally through a nation independently of the action of hereditary tendencies. Soil, climate, diet or other telluric agency, do not appear to have affected the contagion or spread of the disease in Hawaii. Dr. White believes that there is nothing in the history of the disease incompatible with the history of its parasitic nature.

**EYE DISEASES IN THE MENSTRUAL PERIOD.**—Dr. J. McKay in the *American Journal of the Medical Sciences*, reports twelve cases in which suppression of the menses was accompanied by disturbance of vision. Cases of this kind demand prompt recognition as to their etiology, before vision is too much impaired by the internal eye disease, in order that they may be successfully treated and relieved. Young school girls often manifest asthenopia about the time their menses are being established, and particularly if there be partial or complete suppression for an indefinite time. In cases of this kind some refractive deformity of the eyes will form, which causes the muscles of accommodation to rebel from overtaxation.



**A NEW METHOD OF STAINING NERVE-FIBRES.**—A new and more effective way of staining nerve-fibres of the central nervous system has been found by Professor Weigert of Leipsic. The preparation are stained in acid fuchsin (fuchsin S. 130 of the Berlin Aniline Manufacture) washed in a weak alcoholic potash solution, and mounted in the ordinary way in Canada Balsam. The advantages of this method, are that it selects the nerve fibres only of which it stains portions of the medulla, leaving the axis cylinder free, and, as no other reagent can, picks out the smallest fibres. Even gold chloride is not as good in this last respect as the aniline stain.

**BICHROMATE OF POTASSIUM IN SYPHILIS.**—The Journal of Cutaneous and Venereal Diseases, November, 1882, calls attention to the recent monograph by Dr. J. Edmund Guentz, on the treatment of syphilis without mercury. The bichromate was recommended many years ago in this disease, but it must be given in very minute doses, as it readily induces vomiting, cardialgia, acute gastric catarrh, and even gastritis. Such doses are so slow in their operation that the medicine is without real value when a prompt removal of syphilitic symptoms is demanded, or when it is absolutely necessary to attack the disease energetically with a view to its speedy eradication. When the contrary indication prevails, the above remedy would seem of the highest value. A list of over one thousand cases of specific disease is given in which no mercury was found necessary in the treatment.

**TREATMENT OF THE LACHRYMAL PASSAGES.**—The Medical Progress quoting from the Ophthalmic Review recounts Galszowski's method of treatment of the lachrymal passages by dilatation. He has for six months practiced a rapid and forcible dilatation of the nasal duct without scarification of its walls. The instrument employed is a dilator, the blades of which

when closed form a smooth, round probe equal in thickness to Bowman's No. four. When the blades are together the handles are separate. The closed blades are passed into the duct like an ordinary probe. The handles are then pressed together and the blades in separating produce an effect equal to that of Cowper's largest probe, at the same time the instrument is withdrawn. The pain though sharp is of short duration, and hardly a drop of blood is lost. Ordinarily there is no inflammatory reaction. If the dilation is practiced on inflamed and suppurating tissues, poultices are applied for a few hours afterwards. A fine probe, number three or four, is passed on the third or fourth day, to determine whether the duct is free from obstruction, and this is followed by a number ten or twelve, which is usually introduced without difficulty and with little pain.

**BACTERIA IN DIARRHŒA.**—Mr. K. W. Millican, Lancet, noticed that a number of cases of diarrhœa occurred together when hot weather had been followed by rain. The stools were fluid, not unlike those of typhoid fever, and contained in every instance small gelatinous or albuminous lumps like half cooked white of egg. The odor was extremely offensive. Beyond the prostration, however, and general gastric disturbances, with excessive flatulent distention and pain, there were no constitutional symptoms. In no case was there any marked rise in temperature, nor was the pulse greatly affected. Upon microscopic examination, the lumps of gelatinous material were found to contain large numbers of bacteria, in granules short, firm rods, long fine pointed rods, and curled and twisted ones. Mycelial threads were also found. To prepare specimens for examination some of the gelatinous material was dried on a slide, then floated on aniline blue solution until stained, then washed with nitric acid and finally in distilled water. The object was then dried and mounted in Canada balsam.

**THE ATKINS WATER SOFTENING PROCESS.**—Martin's Chemist's and Druggist's Bulletin contains an article on the above topic, of which the following is the substance: The softening and purifying of large quantities of hard water has claimed much attention. The Atkins process appears to solve the difficulty. It is accomplished in this manner. A jet of lime water is thrown into a portion of the water to be purified. The two are thoroughly mixed and then drained into the rotary-disk filters, in which the solid particles are all arrested by an ingenious system of cloth-covered disks placed within a tank, and which present a very large area of filtration within a small compass. The process was tried in the water works at Henley on Thames. The water to begin with was of the grade of nineteen in hardness, and after purifying, etc., was of the grade of four in hardness. This last is a good soft water.

**ACTION OF OZONE ON BLOOD.**—It is usually asserted by physiologists that even traces of ozone, introduced into the blood, injure it by leading to the formation of methæmoglobin, and conversely that ozone in contact with the blood quickly undergoes destruction. The question has been reinvestigated, National Druggist Journal, by Professor Binz, of Bonn, who has found that pure ozonized air has an action on human beings quite similar to that of nitrous oxide. Persons whose respiratory passages are so little irritable that they can take a full inhalation, experience a brief agreeable stimulation, and then become somnolent and actually fall asleep for a short time. This observation has led him to make further experiments on the tolerance of blood for ozone. He found that a stream of ozonized air might be passed through defibrinated blood for at least an hour without the occurrence of any change in its aspect, or microscopical or spectroscopical appearances. The only difference is, that the alkalescence dimin-

ishes more than in similar blood through which simple air is passed. The ozone manifestly first combines with the dissolved organic elements of the blood, and only acts on the formed elements after prolonged action. A small quantity of blood subjected to a similar current of ozone first becomes bright red, then darker, and, at the end of an hour, it resembles reduced blood in aspect, but differs from this in not regaining its tint when shaken up with air. Its spectrum presents weak but unmistakable oxidation lines, which are not accompanied by methæmoglobin lines until the following day. Microscopically the blood corpuscles were pale, and apparently spherical, and no fragments were visible. In another series of experiments the ozonized air was passed through fresh blood, to which a little saline solution had been added. At the end of ninety minutes the blood was uncoagulated, dark, but still showing oxygen lines, and the corpuscles had lost their depressions. A longer exposure rendered the blood very dark, and the next day the corpuscles had disappeared, and the methæmoglobin had considerably increased in quantity. A solution of pure oxyhæmoglobin resisted the action of the ozone much less than the blood, although it never presented alterations in less than ten minutes. Binz further ascertained that the decomposition of ozone by blood is not complete.

**COLLODION FOR EPHILIS.**—This remedy containing about ten per cent of its weight of sulpho-carbolate of zinc, has given excellent results in ephilis. According to the Bul. Gen. de Ther., its use is not accompanied by the dangers attendant upon the use of corrosive sublimate, which is so commonly employed to remove freckles. The following formula is recommended: Take of sulpho-carbolate of zinc one part, of collodion forty-five parts, of oil of lemon one part, of absolute alcohol five parts. The sulpho-carbolate should be reduced to a fine powder and thoroughly admixed.



**SILK-WORM LIGATURES.**—Some attention has been given to this matter for the past two or three years. It may be remembered that this silk-worm gut has been made and used by anglers for many years. Sir Isaac Walton's description of its manufacture is, as good as can be given. It suffices to state that the silk-worms are taken when they are about to spin, when the vesicles are distended with the gum-like material, and soaked in vinegar from twelve to twenty-four hours. This makes the skin of the caterpillar brittle. The vesicles are easily obtained, in the shape of long lobes, and stretched and drawn out to the desired length beneath the vinegar. These threads are then dried and become exceedingly strong and hard, though somewhat brittle. Dr. McIntyre, in the *St. Louis Medical and Surgical Journal*, advises the use of the following mixture in order to soften the gut so that it can be tried: One drachm eucalyptol, one ounce of alcohol, four ounces of aqua dest. The advantages of this suture are many: It is very strong, perfectly smooth and unirritating, and may be left in position for an indefinite period or not removed at all.

**RAPID LOSS OF PENIS FROM ULCERATION.**—Dr. Remondino, in the *Journal of Cutaneous and Venereal Diseases*, tells of a patient of his who had lost the entire penis from venereal ulceration, in less than six months. Only toward the close of the trouble mentioned did the patient show any constitutional symptoms. He had been treated with the herb and root medicines peculiar to Mexican rural practice, until he fell into Dr. Remondino's hands, when, of course, it was too late to remedy the local affection.

**ORANGE WINE.**—According to New Remedies, a writer in the semi-tropic California, describes his experience in making orange wine from the wild orange of Florida. The wine is amber-colored, and tastes like dry hock, with the orange aroma.

**CREPITATION WITHOUT FRACTURE.**—Dr. Mahomed in the *British Medical Journal* records a case of rheumatic node. Whether his diagnosis be correct or not, the case is of decided interest. Upon investigating the condition of the patient, it was found that, the nearer the bones of the forearm were squeezed or pressed together, a sensation of deep crepitation was experienced exactly similar to that presented by a fracture. There was no history of injury at any time. The reason as given, namely, degeneration of the interossous membrane, is evidently incorrect, as the interossous membrane does not keep the bones apart as is indicated in the article. The facts of the case as given are, that upon pressure the bones were felt to be sensibly approximated. The patient herself frequently experienced the unpleasant sensation to which reference have been made. Without having a further history of the case, it would be impossible to state exactly the cause for the crepitation.

**THE WISEST MAY ERR.**—Prof. Chrobak at a recent clinic had occasion to call the attention of his class to the care necessary in making a diagnosis. The patient before them had been sent there by a famous gynecologist, with a note to the effect that the woman had an ulcer of her womb which resisted all efforts at cure. After a careful examination, it was found that the ulcer was a piece of sponge. Upon removal of this last a large quantity of retained menstrual fluid escaped, and the supposed ulcer was cured at once.

**PRESERVATION OF DEAD BODIES.**—The *Medical Times and Gazette*, relates of the Paris Morgue that every corpse brought to it is subjected to an exceedingly low temperature by Carre's chemical refrigerator so that the body is frozen as hard as stone. Each cadaver is laid out on something closely resembling a camp bedstead in stone, and subjected to a temperature of fifty degrees below zero Centigrade.

**TRANSFUSION IN HÆMOPHILIA.**—In the Transactions of the Minnesota State Medical Society, Dr. Dedolp publishes a decidedly interesting case of hæmophilia. The patient was attacked with agina tonsillaris on both sides, and was nearly suffocated when first seen. The doctor incised the tonsils, which commenced bleeding at once and continued to do so for three days. Circumligation was performed, but as soon as the ligated masses came away the bleeding recurred. The patient's history, as well as that of his family, pointed to a hemorrhages diathesis. On the twelfth day, the patient was so exhausted that transfusion became necessary. None of the family would give the blood. Accordingly the carotid of a sheep was opened and the blood passed into the man's basilar vein. No force was used beyond the pumping power of the sheep's heart. The bleeding stopped at once, when about eight ounces of blood had been transfused, and not a drop of blood was lost from that time forward. The patient made a full recovery.

**MORE ABOUT TOBACCO.**—Abstinence from the use of tobacco, says the London Lancet, is one of the forms of abstaining which are being pressed on the public with the energy of an active and full-blown fanaticism. Without sharing the prejudice, the Lancet condemns the abuse of alcohol. Many smokers smoke too much and take in too much of the smoke they make; others abuse tobacco by using it at wrong times and seasons, while to a third class, comprising the young and persons with special susceptibilities, tobacco is injurious in any form or quantity, and at all times because, owing to the stage of development or some idiosyncrasy of the organism, the nicotine, which it is impossible to prevent passing off with the smoke, is in all doses hurtful and even poisonous. There is very little, if anything, to be said against the moderate use of tobacco in an average state of the organism. Those who are unfavorably affected by it

should abstain, and it is wholly inadmissible in youth. It would not be going too far to say that no young man should smoke before he has attained his majority, and it would be well if he deferred the use of tobacco, altogether and in every form, until the extreme limit of development, which may be placed at the age of twenty-six. It is impossible to give any precept as to the time and mode of smoking. Personal sensibilities differ so widely that no common premiss can be laid down. Speaking generally, the points of caution should be to avoid, irritation of the mucous membrane of the mouth and fauces, loss of the salivary secretion, and super-excitement of the nerves and nerve-centres. Cigars are better than pipes, and far better than cigarettes; but no cigar should be smoked for more than three-fourths of its length, even with a mouth-piece. The smoke should be taken into the front of the mouth and ejected as rapidly as possible. Properly and moderately employed, tobacco smoking is not a baneful habit, but one that may be reasonably enjoyed.

**PROPYLAMINE IN CHOREA.**—Every few months some new drug is brought forward as a cure for chorea. Dr. J. H. Carstens, in the Detroit Clinic, claims good results from propylamine given in teaspoonful doses of a mixture of one drachm of propylamine to the ounce. Several cases of rapid cure are mentioned, cases which had resisted other forms of treatment. Dr. Cartens does not claim that his treatment is new at all, but simply calls attention to his success with the above drug.

**RADICAL CURE FOR SEWER GAS.**—After the continued discussion as to traps and their utility in plumbing, Dr. Hamilton, in the Popular Science Monthly, proposes a radical cure for all sewer gas. He would have all sewer-connected drains banished from residences, and placed in a separate or semi-detached building.



**PATHOGENESIS OF GASTRIC ULCER.**—The Medical Record publishes the results obtained by Aufrecht in his experiments on the production of nephritis by the injection of cantharidin under the skin, Allgemeine Med. Cent. Zeit. He has found that ulceration of the stomach may result from these injections. At first the changes noticed in the stomach were considered as hemorage infarctions, but on closer inspection were found to be true ulcers. A microscopic examination showed the following changes: The epithelium of the glands was paler and less granular than normal; between the glands was a clear amorphous material, the capillaries were distended with blood, whereas, elsewhere they were empty. Aufrecht believes that these facts indicate that in man a similar sequence may obtain, and that ulcers of the stomach probably commence as hemorrhages.

**TYPHOID ORGANISMS.**—Maragliano of Genoa has published, in the Centralblatt für die Med. Wissenschaften, an important note on the uniform occurrence of organisms in the blood of patients suffering from typhoid (Lancet). He has found them in the blood of the spleen as well as in that of the general circulation. The blood was obtained by means of a hypodermic syringe, the middle of which was passed through the abdominal wall into the substance of the spleen. Dr. Sciamano, of Rome, first showed that blood may be thus obtained from the substance of the spleen during life without any injurious consequences. The blood of the general circulation was taken from the tip of the finger. In each method every precaution was taken to avoid the accidental introduction of organisms. The examination, in this way, of fifteen patients gave the following result: At the height of the disease the blood of the general circulation contains micro-organisms both isolated and grouped. These consist, almost exclusively, of spherical bodies which have a delicate

contour, appear to be homogenous, and are analogous to micrococci. Some of them are mobile. Similar organisms, again, are seen in the blood of the spleen, and in it, too, are others, rod-shaped, also with delicate outlines, perfectly corresponding to those described by Eberth and Klebs. During convalescence these micro-organisms lessen in number in both the splenic and systemic blood. When quinine was given to the patient in large doses the organisms either disappeared from the blood, or were present in it only in small number. The blood from both the finger and the spleen was treated by the method of fractional culture, and a number of rods were then obtained, similar to those seen in the fresh blood except that some of them were of greater length. The presence of such organisms in the blood of the spleen after death had been previously established by Sokoloff and Fischell, but Maragliano is the first who has demonstrated their presence in the splenic blood during life. He avoids the expression of any opinion as to their relation to the disease.

**TELEGRAPHISTS CRAMP.**—Dr. Edmund Robinson in the British Medical Journal, reports a number of cases of the above trouble. In each case, the symptoms as observed closely resembled the phenomena of scrivener's palsy. In each case pain and spasm were induced only when the sufferer was engaged in this particular calling. It is worthy of note that each one of the cases mentioned, had been engaged in working Morse's instrument. The length of time which elapsed between beginning the occupation and the occurrence of the spasm in each individual varied much.

**CINCINNATI** is scared over the fact that the city's health officer has been making false reports about the small-pox in the city, and has been concealing the true number of cases. The fear appears general that there will be an epidemic of the disease this winter.

**PLANTAGO LANCEOLATE.**—Dr. Quinlan in *Martin's Chemists' and Druggists' Bulletin* praises the styptic qualities of the above indigenous plant; Its value he discovered by accident, but upon investigating the ancient authorities, he found that he had rediscovered that which had been known to them. Chemically examined the plantain juice is found not to contain tannin, and to be compatible with both the ferrous and ferric salts, the alkaloids, metallic salts and the preparations of ergot. The ash obtained by incineration was found to contain much phosphate and little carbonate. If the tail of a gold fish be examined under a microscope and treated with a drop of the juice of this plant, there will be found to be a remarkable retardation of the capillary circulation, amounting almost to stasis. This drug furnishes the practitioner with a safe and efficient hæmostatic, which can be obtained in the nearest field or rural path in any quantity, and by the most uninstructed person.

**ACTION OF QUINIA AND SALICYLIC ACID ON THE EAR.**—In order to ascertain whether the noises in the ear produced by salicylic acid and by quinine are due to a congestion of the labyrinth. Dr. Kirchnerl (*London Lancet*) has instituted some experiments in the pharmacological laboratory at Wurzburg. The *Medical Record* sums up his conclusions from experiments upon rabbits, cats, dogs and guinea pigs, as follows: Both these agents cause hyperaemia of the tympanum, which may go on to hemorrhage and the whole of the labyrinth participates in the congestion. It may become so intense that, if it last long, it will cause, of necessity, an alteration in the nerve-filaments and it may lead to exudation. This congestion he regards as produced by a vasomotor mechanism. The experiments of Weber, Liel and Suder, do not agree with this. They observed the symptoms produced in healthy individuals by fifteen grains of quinine, and noted the gradual fall of the temperature in the ex-

ternal meatus, as the general body temperature fell. No hyperaemia could be detected either during this period or later. On the contrary, in five cases a slight hyperaemia which existed previously was found to disappear. The subjective noises in the ear come on at the end of an hour or an hour and a half, and continue for ten or twelve hours, while the deafness comes on one or two hours later than the tinnitus, and is greatest at the time that the general body temperature is lowest. Similar experiments were made with salicylic acid, and the results obtained were similar to those obtained from quinine. The deafness is more marked from it and lasts longer. Comparing the effects of the two, it appears that the salicylic acid causes less depression of temperature and a more prolonged diminution in hearing. It is difficult therefore to ascribe the aural effects either to congestion or to anaemia, and if these observations are reliable, it would seem to be due to a primary nervous influence.

**TOXICOLOGY OF ANTIMONY.**—An eastern exchange relates an experiment in poisoning with antimony which has been conducted by M.M. de Poncy and Livon. The subject was a cat which weighed about eight hundred and sixty-seven grammes. Between April 26 and August 13 there had been administered to it in a regular progressive way, so as to produce cronic effects, 0.628 of a gramme of the white oxide. Unlike arsenic, the antimony did not cause any plumpness. On the contrary, from the very first the animal showed symptoms of ill health. Finally, diarrhea set in and the cat died. Dissection revealed pale and colorless tissues and fatty degeneration of nearly all the organs.

**NEPHRO-LITHOTOMY.**—Mr. Bennett May reports, in the *British Medical Journal*, a case of the above. The stone, which weighed four hundred and seventy-three grains, was extracted entire through an incision which was made in the kidney.



**MEDICAL MEN DIFFER.**—In Dr. Thompson's address to The North of Ireland Branch of the British Medical Association, he calls attention to the common slur that medical men differ. He says medical men must occasionally differ, both as to diagnosis and treatment. The greatest judges in the land frequently differ about the meaning of phrases, and often as to the proper interpretation of words. Why, therefore should it be thought so strange if one doctor does not agree, on rare occasions, with another, in the interpretation of nature's most hidden and difficult secrets? Another point was well made by the speaker, and that is that such difference when it exists, should not to be published abroad.

**PILOCARPINE IN DIPHTHERIA.**—This subject still seems to be attracting attention in France and Germany, (*Virginia Medical Monthly*). M. Archambault recently read a paper on the subject before the *Société de Thérapie*, which was published in *Le Practicien*. He tried the method on twenty-one children. There was profuse salivation, vomiting and depression of the nervous system. Sweating was rarely produced. The false membranes were easily detached, but they readily reappeared, and the course of the disease was not modified in any way. Of the twenty-one patients treated in this manner, nine recovered and twelve died. The facts furnish a comment more eloquent than words.

**BLACK ANTS IN SCURVY.**—Dr. E. F. Brush, of Mount Vernon, prompted by Lieutenant Schwatka's article on Scurvy, writes to the *Medical Record* to call attention to an article of diet, which, if procurable in sufficient quantities, might be a valuable addition to the arctic voyager's diet-list, namely, the large black ants found in the wood of the pine trees. Scurvy very frequently attacks the lumbermen of Maine, and they adopt this food as a remedy when suffering from this disease.

Indeed, some of them become so fond of it as to eat these ants whenever they can be found. As these insects retain their vitality while frozen imbedded in the wood-dust which they themselves make, might it not be possible, if collected in sufficient quantity, to carry them frozen and packed in sawdust till needed for use? Of course, the question arises, how long will they retain their vitality in this condition? Are there not many classes of hibernating insects which might answer the same purpose?"

**ANÆSTHESIA BY CARBONIC ACID GAS.**—Dr. Brown Sequard has communicated the results of some experiments, undertaken with a view of facilitating the introduction of a tube into the rima glottidis, *La France Médicale*. He opened the pharynx and exposed the epiglottis and larynx, then a current of carbonic acid gas was thrown upon these parts for a few moments, when it was found that the introduction of a foreign body into the larynx did not cause any irritation. At first the carbonic acid causes considerable irritation of the larynx. This is soon followed by local anæsthesia. Chloroform vapor produces similar effects. Dr. Brown-Sequard intends to apply the knowledge thus obtained in operations upon the human subject.

**THE TEMPERATURE OF THE HUMAN STOMACH.**—The *Medical Times and Gazette* is authority for Rodsajewsky's statement in the *Deutsche Medical Zeit.*, of the temperature of the stomach in a patient who had a gastric fistula. Synchronous investigations were made in the stomach, rectum and axilla. He finds that the gastric temperature is dependent on two factors, the general diurnal variation of the body heat, and the temperature of the ingesta. The gastric heat, during digestion, is lower than that of the rectum, but higher than the axillary. The introduction of hot food affects the whole body as well as the stomach.

PHYSIOLOGICAL EFFECTS OF HYOSCIAMIA.—In the *Alienist and Neurologist* will be found Dr. A. A. Hutchinson's experience with hyoscyamia. He took one-fourth of a grain to test its hypnotic effect while in good health. He thus vividly portrays his feeling: "Immediately I noticed a decided dryness of the mouth and throat and almost a total absence of saliva and a difficulty in deglutition. Looking in a mirror, I noticed an intense congestion of my head and face, the carotids throbbing violently with every impulse of the heart. Along with this there was acceleration of the pulse and respiration, accompanied by a feeling of numbness over the entire body, with loss of power in producing the ordinary movements of coordination. I made an effort to walk it off, but soon found my feet becoming so enfeebled that I could only walk by fixing my eyes intently on the ground. Had any one noticed me at this time I should have had some difficulty in establishing the fact that I was not deeply intoxicated. Finding that exercise would not relieve me from the poisonous effects of the drug, I, with much exertion, ascended the stairs to my room for the purpose of retiring to bed. My mental faculties up to this point were intact, and I fully realized my unpleasant position, but had no fear of any fatal result. Indeed I was entirely oblivious to everything and cared little for anything except sleep. So imperative and overwhelming was this demand, and the general helplessness of my limbs so rapidly increased that I was only able to throw myself upon the bed without undressing, and was soon in a deep sleep or coma, which lasted eleven hours. During this period I have no recollection of anything. I was not disturbed by any delusion or dream, or conscious of any one or of my own existence. Medical friends who were present with me during those eleven hours, alarmed at the profound stupor in which they found me, and not knowing I had been experimenting, resorted to every ex-

pedient to bring me out of what they supposed an apoplectic coma. Resort was had to sinapisms, dry cupping, application of cold to the head, flagellation by wet towels, etc., but all efforts were unavailing to awaken me or produce any evidence of consciousness. I am told that during this prolonged sleep there was entire relaxation of all the voluntary muscles except occasionally some spasmodic movements of arms and legs, the pulse ranging during the first few hours at 138, full and hard; respiration numbered thirty-four to forty, and temperature 106° F. As the narcotic effects of the alkaloid passed away the pulse rapidly fell to 106, temperature declined to 99°, and the respirations were reduced in frequency, but consciousness did not return for several hours after this. When I did regain consciousness I had great difficulty in collecting my thoughts or concentrating my mind on any particular subject. There were no hallucinations, delusions or illusions, but for twenty-four hours or more every object on which I looked was tinged with yellow. It seems that during the period of sleep I suffered more or less from nausea, and at one time vomited, although I had not the slightest recollection of having done so."

A SEVERE OPERATION.—At the Surgical Section of the Association of German Naturalists and Physicians (*Medical Record*), Professor König showed a patient in whom he removed the greater portion of the sternum, which was the seat of a rapidly growing osteo-sarcomatous growth. The whole of the sternum, except the upper part and the xiphoid process, was removed, and during the operation air entered both pleural cavities, and also the pericardium, which was found adherent to the sternum, and was opened during the operation. The patient made a good recovery and the wound is now almost entirely healed, except at one point, where a portion of an adjacent rib is necrotic and is still suppurating.



**ARTIFICIAL FEEDING OF INFANTS.**—In a recent clinical lecture published in the *Medical News*, Dr. Arthur V. Meigs gives the results of his extended experience in the feeding of infants. He states most positively that no food is as good as that which nature has prepared, but when this cannot be obtained, the following artificial food should be made: Take two parts of cream, one of milk, two of lime water, and three parts of a solution of milk, sugar of the strength of seventeen and three quarters drachms to the pint of water. The milk to be used should be good ordinary cows milk, and not the very rich milk of Jersey or other high-bred stock, the same is true of the cream used. The quantity of this food taken by a new-born infant should be three fluid ounces every two hours, and if it thrives it will soon take a gill every two hours. Human milk, when fresh, is almost always found to be alkaline in its reaction; cow's milk on the contrary, is almost universally acid, the addition of lime water to the latter changes the acid condition to one of alkalinity and thereby makes it more like human milk, even if the limewater has no ulterior effect.

**SUGAR IN DROPSICAL FLUIDS.**—Rosenbach (Bris. Aertz.) has found sugar in dropsical effusions to the extent of one-tenth to one-fifth per cent, to be almost constant. The fluid was generally taken from œdematous, subcutaneous connective tissue, though sugar was also found in ascitic and pleuritic effusions, and, in one case, in a congenital hydrocephalus of an eight months child. In nearly every case the urine was carefully tested for sugar, with negative results.

**COLD WATER FOR SCIATICA.**—Dr. S. Pollak, in the *St. Louis Medical Society*, reports a case of sciatica promptly and permanently relieved by the hypodermic injection of ice-cold water. The needle of the syringe was buried deeply in the tissues.

**TWO NEW ANTISEPTICS.**—M. G. Le Bon has just presented to the Academy of Sciences two new antiseptics, the glyceroborate of calcium, and the glyceroborate of sodium, *Medical Gazette*. Both of these compounds are destitute of odor, soluble in water, and free from toxic effects. They rapidly deliquesce when exposed to the air. Alcohol and water each dissolve twice their own weight of these salts. Their antiseptic qualities are distinctly manifest even in very weak solutions. The calcium salt appears to be the most efficient. It is entirely innocuous and can be applied to the eye in strong solution. Both salts may be used to preserve meats and for hygienic purposes.

**RICHTER'S PAIN-KILLER.**—In the *Pharm-Central*. Dr. Gerhard publishes a formula from which a preparation can be made in all respects similar to Richter's Pain-killer. It is as follows: Two hundred parts of capsicum, six hundred of alcohol, twenty-two and a half of soap, one hundred of water, there hundred of ammonia water, thirty of camphor, ten each of the oils of rosemary, lavender, thyme, cloves, one and a half of the oil of cinnamon. To this is added q. s. of caramel. How these quack nostrums weaken when brought from the world of faith and spirit down to the cold sphere of facts.

**SYNTHESIS OF QUININE.**—Mr. Maumeni's notification given several months ago to the French Academy of Sciences, that he has succeeded in his experiments to obtain some means for the synthesis of quinine, attached much attention. *New Remedies* in commenting upon the fact, says the claim is probably false, since the newly discovered compound NH-2 or rather N-2 H-4, probably does not exist. As it was upon this compound that Mr. Maumeni has based his synthesis of quinine, his claim is more likely false. The matter was referred to Prof. Wurz, whose able studies in organic chemistry are familiar to all.

**NEW TEST FOR SEWER GAS.**—Says the Medical Times, quoting from a Boston contemporary, an ingenious woman recently invented what may perhaps prove to be an advance over the old peppermint test for leaky waste-pipes. Noticing, and having used the peppermint test for an offensive odor in the parlor of the house which she occupied, she suspected a defect in the waste-pipes, and sent to the agent to request that a plumber might be sent to examine them. The agent was incredulous and refused. To make her proofs more convincing, the woman after borrowing two cats from her friends, purchased some oil of valerian, and stationing the cats in the parlor, went up stairs and poured the valerian into the basin in the same way that the peppermint had been previously applied, and then descended to watch the result. Cats are extremely fond of the odor of valerian, and it was not long before both of them began to sniff the air and move towards the door of a closet through which the waste-pipe ran. The door was opened for them, and they immediately sprang upon a certain shelf, where they remained purring with satisfaction. A third time the woman went to the agent, who though still unbelieving consented to send a plumber to make further investigations, and on cutting away the plastering so as to expose the pipe, a joint was found completely separated at the place which the cats had indicated.

**REDUCING SHOULDER DISLOCATION.**—The number of modes of reducing dislocations of the shoulder shows that the best plan is yet generally unknown. A valuable paper on this subject was read by M. Kocher (The Nat. Drug. Jour.) at the meeting of the International Congress in London. Referring only to the subcoracoid form of dislocation, he asserts that the aim of the surgeon should be to open out the rent in the capsule, and to relax the parts of the capsule which are untorn, but tightly stretched by the false position of

the head of the humerus. The rent in the capsule is on the inner side of it; the most tense part is the upper portion, where it is thickened by the coraco-humeral band; the lower part of the capsule is also tense. Kocher asserts that by rotating the arm outwards the top of the capsule is itself rotated out and the rent rendered patent. If now the arm be advanced in the vertical median plane, the upper part of the capsule is relaxed, and the head of the bone, being prevented passing forwards by the lower fibres of the capsule, enters the glenoid fossa. He accordingly directs that for the reduction of this dislocation the following manipulations should be practiced. The patient should be seated, with the surgeon on his left hand. The elbow-joint is first to be flexed to a right angle, and the joint firmly pressed against the side of the chest; then while holding the elbow in contact with the body the arm is to be slowly, gently and steadily rotated out until firm resistance is encountered; then maintaining this rotation the arm is to be raised forwards and a little in, and lastly to be rotated in and the hand brought towards the opposite shoulder. It is stated that there is no need for anæsthetics when this manipulation is employed. This method, which has great advantages over those in common use in this country, is stated by M. Ceppi (Rev. de Chir.) to be especially valuable in old dislocations, enabling them to be reduced often without any force and without anæsthetics. M. Kocher has succeeded in twelve cases of dislocations, varying from three weeks to four months old. In one case, where the bone had been displaced for eight weeks, he fractured the shaft of the humerus in attempting the reduction.

**STAMMERING.**—Boissier de Sauvages gives eleven varieties of stammering in the N. C. Medical Journal. It is easy to be seen that he includes every variety of embarrassment in speech in his classification, no matter what the cause.



**THE RESPIRATORY CENTRE.**—Dr. J. C. Graham, (Medical and Surgical Reporter,) makes a preliminary communication in regard to a new specific regulatory nervous system for the respiratory centre. In the abdominal cavity are spread sensitive fibers which have an analogous form to the respective fibers of the vagi, and form in connection with them, the regulatory nervous system of the pleuro-peritoneal cavity. On central irritation of the splanchnics, laid bare and prepared in the abdominal cavity and severed always an expiratory stand-still of respiration sets in, the diaphragm completely collapses, while the abdominal muscles as expirators, contract violently. The same result can be noted if both vagi and sympathetic are cut through in the neck. On division of the medulla oblongata in its most anterior part, as well as after division of the spinal medulla, between the eleventh and twelfth dorsal vertebræ, irritation of the splanchnics causes also, without exception, cessation of respiration during expiration. If the spinal cord is divided between the fourth and fifth dorsal vertebræ, irritation of the splanchnics has totally lost its effect. In dyspnœa and apnœa also irritation of the central stump of the splanchnics exerts this specific influence on respiration, in apnoea after irritation the apparently collapsed diaphragm assumes a still plainer expiratory position. These experiments tend to explain to a great extent, disturbances of respiration which are often noted in dyspepsia, as well as in other morbid conditions of the alimentary canal.

**STOMACH TUBE IN CHILDREN'S CONVULSIONS.**—Dr. Byrd, Virginia Medical Monthly, supposing that most convulsions in children are due to their eating too much or improper food, uses the stomach pump as the natural means of relief. He always carries with him a soft-rubber tube, a third of an inch in diameter, to use as a tourniquet, stomach tube, or for any other purpose to which it can be applied.

**MELANOSIS.**—Dr. W. H. Falls, in the Cincinnati Lancet and Clinic, relates a most complete and interesting case of melanosis which came under his care. The case is of peculiar interest from the extended study Dr. Fuller was able to give it, and the verification of the diagnosis by a post-mortem. The skin of the patient's entire body gradually changed its color until the man once of a light complexion, became as black as a negro. Vision was impaired and was the initial symptom. It was due to the deposition of melanotic masses in the choroid, and in time caused total blindness. The urine became black as ink, and was highly albuminous. There were sub-cutaneous nodules widely distributed over the entire body. They varied from the size of a millet to that of a cherry. With the exception of occasional convulsions the patient's intellect remained clear to the end. Death resulted from paralysis following one of these convulsions, which were no doubt due to pressure from the melanotic masses within the cranium. These masses were found in different parts of the brain and in all the viscera. On microscopic examination they proved to be melano-sarcomata.

**NEW DEPARTURE IN THE DRAMA.**—An amusing dermatological drama, according to the Chemist and Druggist, is said to be played at the Hospital St. Louis. Sulphur is king of Cutis and has just conquered Acarus. Queen Friction has aided him in the campaign and is honored by the offer of his hand. She insists upon delay until Favus be overthrown. She advances to the attack with Axungia and Sulphur as aids. The old generals, Hydrargyrum, Iodide of Potassium, etc., consult in angry conference. The play changes, and Queen, Eczema, wife of Herpes, consults with her favorite Acues as to the gloomy outlook for the future. Great preparations are made to resist the coming onslaught, but Sulphur, Friction and Axungia win the day.

## ELASTIC COLLODION IN EAR SURGERY.—

Mr. Toynbee, Canada Medical and Surgical Journal, is said to have been the first to make an artificial membrana tympani. It was a thin India-rubber disc to facilitate its introduction. It was, at best, a mere shield to the tympanic cavity. Discs of paper, pellets of cotton, have been used. Dr. S. Pollack, in the St. Louis Medical and Surgical Journal, sums up the different steps in the uses of collodion to form an artificial membrana tympani, as follows: Some fluid, preferably tannin, dissolved in glycerine, must first be instilled in the ear. The quantity of tannin and collodion must not exceed three drops each. A large quantity of tannin is too heavy and too bulky for a thin film of collodion to resist; a larger quantity of collodion will not spread evenly, solidifies slowly, and will be too thick for vibration. The interposition of a fluid between the membrana tympani and the drum is indispensable in order to enable the membrana tympani to vibrate. The head must be on a perfect level while solidification is going on. Any deviation from it will make the artificial membrane of unequal thickness, rupture easily, and vibrate badly.

## ONE OF THE CAUSES OF SUDDEN DEATH.

—Cohnheim, in the new edition of his lectures on general pathology, states, Medical and Surgical Reporter, that upon tying the coronary arteries he found to his surprise that without any prodromata the heart abruptly and suddenly stopped in diastole. It is not a new observation that people afflicted with ossification of the coronary arteries die suddenly; but usually the ossification in one artery proceeds more rapidly than in the other, and consequently there are unmistakable signs of heart failure. In rare instances the two arteries may ossify symmetrically, and rapidly, and either by embolus or thrombus or by rapid occlusion by the ossifying process, the heart may stop beating almost as rapidly as in Cohnheim's experiments.

## INTESTINAL MOVEMENTS IN DIARRHŒA.

—Fifteen years have passed since Traube lamented that we had no definite experimental knowledge of the character of the intestinal movements in diarrhœa, and the series of experiments by Nothnagel constitute the first attempt to supply the information. It is commonly assumed that during diarrhœa the peristaltic movements are increased in energy, and more constant than in normal circumstances. The experiments of Nothnagel were made upon the colon, as well as on the small intestine (Lancet). The production of a moderate degree of inflammation proved a more difficult task than he had anticipated. The most suitable agent was a concentrated solution of chloride of sodium. Five centimetres of this were injected into the rectum several times in the course of twenty-four hours, the return from the anus being prevented. The movements of the bowel were observed next day in the usual salt bath. Nothnagel, however, never succeeded in exciting inflammation in a larger tract than from thirty to sixty centimetres, and the enteritis was always slight in the upper and considerable, and often hæmorrhagic, in the lower part. The production of inflammation in the small intestine was much more difficult. Attempts to produce it by injecting irritant substances into the stomach by means of an œsophageal sound, and thus to imitate an occasional cause in man, were unsuccessful. Even sulphate of copper failed. Strong solutions caused rapid death, and weak solutions had no effect. Only local inflammation could be produced by the injection of a concentrated solution of chloride of sodium through the wall of a loop of the small intestine, withdrawn from the abdomen for the purpose through a small incision.

In both large and small intestine the peristaltic movements were rapidly increased by the inflammation, and the affected portion became filled with fluid,



manifestly inflammatory exudation. The peristaltic contractions took the form partly of oscillatory movements, and partly of circular constrictions. Sometimes, however, the affected portion became the seat of a prolonged tonic contraction, which involved both the transverse and longitudinal muscular fibres. Very different, however, was the condition when twenty-four or forty-eight hours were allowed to elapse after the injection. The inflamed and empty section of the bowel was motionless, and this even when the inflammation which had been excited was slight in degree. The conclusion, therefore, is that the early stage of inflammation is attended with very strong contractions in the inflamed portion, but that when the initial period is over and the inflamed part of the bowel is empty, the movement is not greater than in the normal bowel. Moreover, it appears that the contents of the bowel are, in the early stage, moved through the inflamed portion with increased rapidity.

In the course of his experiments Nothnagel had many opportunities of observing the occurrences of intussusception, which frequently resulted from a vigorous peristalsis in the uninjured intestine. The invagination always occurred from above downwards, a strongly contracted portion passing into a part in which the contraction was slighter, or which was at rest. The length of the intussusception was always slight—from half a centimetre to two centimetres. It usually quickly ceased, in consequence of the cessation of the contraction; and only once did it last as long as ten minutes. It is a frequent occurrence in the small intestine, but is comparatively rare in the colon. On one occasion an invagination of the colon was distinctly removed by the antiperistaltic contractions which were set up by an injection of chloride of sodium into the rectum.

Another subject investigated by Nothnagel is the influence of morphia on the

intestinal movements. It will be remembered that he discovered in his earliest experiments that a sodic salt placed in contact with the outer surface of the intestine of a rabbit causes a local contraction which passes upwards. This effect was found to be prevented by a preceding subcutaneous injection of a small quantity of morphia, one to four centigrammes. Even bicarbonate of soda, which under normal circumstances causes a very energetic contraction, no longer produces the effect. Nothnagel ascribes the effect to the stimulation of a nervous mechanism antagonistic to that which is excited by the sodic salt. If, however, a much larger quantity of morphia was injected, ten centigrammes, for instance, not only does the sodic salt produce its customary effect, but the constriction is much more energetic than under ordinary circumstances. This anomalous effect seems to indicate that, while small doses of morphia stimulate, larger doses paralyze the inhibitory nervous mechanism. Morphia appears thus to exert on the intestinal apparatus an action comparable to that which digitalis exercises on the innervation of the heart, which consists in a stimulation or paralysis of the inhibitory fibres of the vagus, according to the dose employed. Other experiments seem to show that the action of morphia on the intestine is exerted through the splanchnic nerves. The constipation produced by morphia is assumed to be the result of a stimulation of the inhibitory fibres contained in the nervous trunk, aided by a diminution in the intestinal secretion.

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FOR SCARS.—The Boston Journal of Chemistry claims that the following mixture placed upon a granulation surface will prevent the scars from appearing at all unsightly and in fact at times preventing them from being noticable: Take of borax an ounce and a half, of salicylic acid twelve grains, glycerine three drachms, rose water six ounces; make a solution.

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LOCAL.

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THE health officers in one week have abated one hundred and sixty nuisances, commenced three suits for violation of health ordinances, removed one hundred and twenty-five dead animals, and condemned five thousand two hundred and seventy pounds of meat unfit for use.

THE immigrant inspection service have reported to the health office that a four-year old child, which had just arrived over the Pittsburg, Fort Wayne & Chicago railroad, was sick with the small pox. The child was accompanied by its mother and three other children, some of whom also gave indications of the disease. All were removed to the small pox hospital. They landed at New York November 17th from the steamer Rhineland, and were on their way to Milwaukee.

THE last meeting of the Chicago Medical Society, Dr. J. H. Hollister, President, in the chair, was largely attended. Dr. Edmund Andrews read a paper upon the rapid crushing of stone in the bladder, lithotripsy. Three cases were reported. The average time of operation was thirty-five minutes. One of the patients upon whom the operation was performed was a man sixty-eight years old. A number of lithotrites were exhibited, as well as the fragments of calculi as they resulted from operation and were washed from the bladder. Thompson's statistics show a mortality of four per cent, while in the old method of lithotomy it ranged from fourteen to forty per cent. The paper will be found entire in the original contributions in the next issue of the REVIEW.

AN auditory sound, as devised by Dr. Andrews some seven or eight years ago, was exhibited and described at this meeting.

IN the discussion which followed the reading of Dr. Andrews' paper on litho-

trity, Dr. C. Fenger said that he entirely agreed with the author in the advantages of this operation. He reported his experience as confined to one case, upon whom he had operated last July, and removed a stone which weighed six hundred and twenty grains. The operation was performed in twenty-five minutes. In thirty-five minutes longer the patient had recovered from the shock, and the next morning was able to go out of doors. His temperature was 100° and pulse one hundred and four. He had been drinking strong coffee. On the third day there was slight bleeding from the bladder, but in a week he had entirely recovered. In the following six weeks ten grains more of crushed calculi were passed from the bladder at different times. Dr. R. Park said that he had never witnessed lithotripsy in Vienna, but he had seen lithotomy performed many times by the supra-pubic method.

Dr. W. T. Belfield said that he thought fever would always result in the introduction of the instrument into the bladder, when the prostate gland is enlarged and when there has been habitual retention of urine. No anæsthetics are really necessary in performing the operation. In some sixty cases he had seen in Europe, he had personal observation of one case of epididymitis. In twenty-six cases upon whom Prof. Dipple had operated, one died as phlebitis complicated the case.

Dr. Andrews closed the discussion by speaking of the hardness of stones. In crushing one stone of oxalate of lime which was three quarters of an inch in diameter, he bent Thompson's instrument entirely out of shape.

Following Dr. Andrews, Dr. W. W. Allport read a paper on Cause of Alveolar Abscess and its Location. He does not think that the abscess begins in the alveolar process. If it does happen so, it is a rare occurrence. An alveolar abscess is usually pathognomonic of dead pulp. It occasionally occurs by a blow or injury to a tooth. There are various varieties of it and the



may burrow and extend for some distance. A case was cited in which an abscess from a wisdom tooth extended to the throat.

Dr. T. U. Brophy described and demonstrated an alveolar abscess by means of a large drawing. They occur as frequently in the lower jaw as in the upper, and in the former case they point sometimes below the jaw.

Dr. Rosewell Park spoke of a new gauze which he prepares by a method of his own. Naphthalin is dissolved in benzine, in which menstruum it is quite soluble. Ordinary gauze material is saturated with the above solution, and the gauze is then freely exposed to the air to allow the benzine to evaporate. It is intended as a substitute for the carbolic or Lister gauze.

It may not be familiar to all as to what extent of work is being done by the immigrant inspecting service. The report of the National Board of Health contains the following: "What the Mississippi service is to the South in respect to yellow fever the immigrant inspection service is to the North and Northwest as regards small-pox. The widespread prevalence of this disease last year was traced in many instances to importation from Europe. The time necessary for the disease to develop after infection is such that an immigrant who has been exposed at a European port may not sicken until after his settlement in a Western State. To prevent this importation and spread inspectors have been stationed at ports of entry, including Port Huron, through which there is a large Canadian influx, and at certain of the great railroad distributing cities, notably Chicago. These men pick out and quarantine the small-pox cases and vaccinate the unprotected emigrants, thus preventing infection."

THE small-pox has reappeared in Louisville with the advent of cold weather. About twenty cases are in the pest-house. The type is reported to be mild.

## ORIGINAL CONTRIBUTIONS.

### *PERIANGIECTOMIA CORNEA.*

BY EDWARD BOCKMANN, M. D., AND ARNOLD P. GILMORE, M. D.

The principles of this operation were first introduced by Furnari thirty years ago and named by him peritomia, or syndectomia. These principles have since been used occasionally in obstinate, chronic, vascular affections of the cornea. The merits of this operation seem, however, never to have been fully appreciated in spite of the warm support it has received at the hands of many able clinicians, among whom may be mentioned Critchett.

We can easily understand this. Suppose the attempt be made to cure a vascular keratitis by a solutio-continui of those blood vessels that radiate over the cornea, just before they become corneal, by peritomy, or syndectomy, viz, by cutting out a narrow strip of conjunctiva (pericorneal)! The result is seldom satisfactory. Thus performed, the operation pertains exclusively to the conjunctiva, and in eye surgery must be classified with operations on the conjunctiva. Now, if it was a fact that in vascular keratitis the blood supply comes from the conjunctival vessels alone, then the result of the operation would prove the theory to be false, and the belief in the solutio continui, as a therapeutical measure, not well founded. It does not seem to us that this operation of peritomy has fallen into disrepute because the principles of the operation are not rational and good; but, because the operation is confined exclusively to the conjunctiva, and is therefore incomplete.

If we expect to obtain any beneficial result from an operation by which we intend to interrupt the circulation in all the vessels from which the corneal ones have their supply, it is rational to suppose that we must operate according to anatomical facts and pathological conditions, and divide *all* these vessels. Those vessels that run to the margin of the cornea are certainly largely, but by no means exclusively, conjunctival. The ciliary blood vessel system through the anterior ciliary arteries plays also a very important part in this supply; and these two systems anastomose around the corneal margin. We claim



that in pathological vascularization the two systems become more closely united in their blood supply to the cornea; and that when in this state we wish to interrupt the blood supply, we must dissect more extensively than peritomy indicates. We must excise not only conjunctiva, but sub-conjunctiva, or episcleral tissue; and we must also pay especial attention to those vessels that run close to the sclera toward the cornea. Therefore the operation is not a peritomy, or syndectomy; it is a partial excision around the cornea of all those vessels that run over and around it. The operation is, as we have already indicated, a periangiectomia cornea, and should be classified among operations on the cornea.

Periangiectomy is to be performed as follows: Having anæsthetized the patient and placed the eye speculum in position, you take up with your iris forceps a fold of conjunctiva four or five m.m. in width at the corneal margin, beginning by preference at the temporal side. Then with curved iris scissors cut this fold to the tips of the forceps, at the same time drawing the fold gently toward you with the forceps to facilitate the operation. In this manner, with long strokes of the scissors, the conjunctiva is carefully excised around the cornea to the point of starting. After the bleeding, which is usually slight, has ceased, the second part of the operation may be undertaken. Still using the forceps and scissors, and in the same manner, cut out as much of the episclera and anterior portion of Tenon's capsule as you have already removed of the conjunctiva. When the bleeding, which will now be more profuse, is under control, you will find, if the episcleral tissue has been carefully and thoroughly removed, that the free edge of the conjunctiva has receded toward the fornix. If at any point the edge does not thus recede, the episcleral tissue which binds it should be removed.

The third part of the operation consists in the scarification of the branches of the anterior ciliary arteries, which lie directly upon the sclera. This is accomplished by rupturing the vessels with the point of the closed scissors. It is important that all the superficial vessels that supply the cornea should be divided. The eyeball can be easily rotated by gently pressing the point of the forceps against the globe behind the corneal margin, and just in front of the point which it is desirable to scarify.

This being done, the bleeding staunched, and the coagulated blood removed with antiseptic cotton, the operation is complete. The cornea will now be found anæmic. Should any blood remain in the cornea, it can be removed by gently rubbing the surface with a cataract spoon. After which apply a light antiseptic bandage.

It may be urged that so extensive an operation must seriously endanger the eye and especially the nutrition of the cornea. This, however, is not the fact; for in more than fifty cases, in which we have had occasion to perform periangiectomy, we have not had a bad result, nor have we seen the slightest mischief ensue; but, on the contrary, we have had most uniformly excellent results. For the first few days after the operation the disease seems greatly aggravated, the eyelids and the conjunctiva are much swollen, the vascularization of the cornea returns and the patient's subjective symptoms are worse. Notwithstanding this, after the first week the inflammation will subside with the formation of granulations and the subsequent cicatrix; the vascularization of the cornea will entirely disappear and its condition will be wonderfully improved. In from four to six weeks the process of healing will be complete, and around the cornea will be noticed a small white cicatrix where the blood vessels that heretofore supplied the cornea now terminate. We have seen patients who have been nearly blind for months, even for years, and who have been subjected to the usual routine of treatment without benefit, so improved by this operation, as to be able to read.

We have mentioned that a few days after the operation you will find vascularization of the cornea. This indicates that the benefit derived from the operation is not due to the primary interruption of the blood supply, but rather to the solid cicatrix, which follows from the process of granulation, and which constricts the new blood vessels and prevents others from penetrating it. It is important, therefore, that the cicatrix should be a solid one, and to secure this the wound should not heal too rapidly. If cicatrization be rapid, it is well to keep the wound open by breaking the adhesions with a probe, or by applications with mitigated nit. argent. stick. If in spite of these precautions the cicatrization is insufficient, it may be necessary to repeat the operation. In that case the new excision should be



made just outside of the first one, but as near as possible to it. This we have sometimes found necessary. During the after treatment we have found it beneficial to use two per cent of nit. argent. sol. The conjunctival cicatrix can hardly be noticed by the naked eye, and therefore does not disfigure the patient. We would heartily recommend this operation in all cases of extensive, obstinate and chronic vascular keratitis, such as—

1. Pannus scrofulosus.
2. Pannus trachomatosus.
3. Scleritis cum keratitis pannosa.

#### PANNUS SCROFULOSUS.

This disease can hardly develop in the hands of a specialist from its incipency to an extended chronic vascular keratitis; but as many of these cases are treated by general practitioners, and not a few have no treatment at all, we are often called upon to treat an extensive pannus scrofulosus with its tumefaction of the lids, its blepharospasm, its photophobia and lacrymation and its result of almost complete blindness from the numerous blood vessels and diffuse infiltration of the cornea. By using Pagenstaeker's yellow salve, with or without atropia, nit. argent. canthoplasty, and anti-scrofulosus remedies, we may at last succeed in subduing the disease after a long and tedious treatment with more or less restoration of the sight. In just such cases is the result of periangiectomy most brilliant. The following case is a striking example of the superiority of the operation over the ordinary treatment: A little girl, aged nine, was nearly blind, having suffered for six months from a very dense pannus scrofulosus, which occurred in spite of treatment from more than one specialist. We immediately performed periangiectomy on both eyes. After four days the child could open her eyes, count fingers at a distance of several feet, and see to go alone. Six weeks after the operation she could read small print, Jaeger No. 2; the cornea presenting only slight diffuse obscuration. During the treatment following the operation we used Nit. Argent. in solution every alternate day; and with the cessation of the catarrhal tumefaction, we used yellow ointment. In this case besides periangiectomy, we performed canthotomy to lessen the pressure of the swollen and spastic eyelids upon the globe.

#### PANNUS TRACHOMATOSUS.

It might be thought sufficient in many cases to remove only a superficial strip of conjunctiva around the cornea, i. e., syndectomy, when operative measures are necessary; but even in these mild cases, and much more so in the severe forms of the disease, the whole of the operation is recommended, but with certain modifications. If we excise too narrow a strip of conjunctiva the free edge would not recede and the wound would heal in a few days, the cicatrix would not be a solid one, and the pannus would return. On the contrary, if we take away a wide strip, we must remember that these patients are usually suffering from symblepharon posticum to a certain degree, and that this condition will be increased by such an operation. Therefore, in cases of pannus, trachymatosus, and especially in those where we find symblepharon posticum, we advise the excision of only a narrow strip of conjunctiva, but more of the episcleral tissue.

#### SCLERITIS CUM KERATITIS PANOSA.

For this disease, so obstinate and so dangerous to the sight, we have found periangiectomy to be the only active measure that would give permanent relief. In these cases we make a broad excision of the conjunctiva and of the inflamed episcleral tissue, carefully scraping out the abscesses to such an extent that sometimes the dark color of the choroid may be seen. The wound heals kindly, leaving a dark cicatrix, which finally clears up. The infiltration of the cornea in this disease is always more prominent than the vascularization. In no one of the above-mentioned diseases is this operation to be performed with more care than in the last mentioned, and in none will the result be more satisfactory. The last operation which we performed for the relief of this trouble was upon a girl twenty-three years old who had been blind for seven years. Two months after the operation our patient was able to go out alone, and even see the large letters on the title page of her Bible.

As diphtheria and other contagious diseases are prevalent in Boston, the Health Board of that city has forbidden public funerals in the cases of persons who die of such diseases.



## CORRESPONDENCE.

## PHILADELPHIA LETTER.

*Diphtheria—Medical Education in Europe—  
Death Certificates and Still Births—  
Sponges—German Hospital—Dr.  
Austin Flint—Turf Mould.*

PHILADELPHIA, Nov. 28, 1882.

Owing to the many events which have come to pass, the past month has been full of interest to the profession in this city. Diphtheria has become very prevalent throughout the entire city. Since the Centennial year it has not been so fatal as at present. In this year, the number of deaths from it thus far has exceeded that of any former whole year, and the present year has one month to be completed before its close. Health Officer Addich states that the increase in the number of cases reported within the past four weeks is due to the fact that physicians heretofore have been negligent in reporting cases. The committee of the Board of Health, on rules to prevent the spread of diphtheria, have been at work on that subject, and has framed a number of rules which are to be sent to the public schools. From January 21st to the present, one thousand one hundred and twenty-six cases have been reported, with seven hundred and fifty-nine deaths. This is an enormous per cent but is only apparent, for many cases which recovered were never reported.

At the last meeting of the American Academy of Medicine, noticed in the last number of the REVIEW, Dr. George M. Beard read an elaborate paper on medical education in Europe. He thinks that Germany has the best educated physicians in the world and that France comes next. His strictures on great Britain are severe but appear to be correct. He says that English students are deficient in preliminary education, and have too little instruction and too much examination. He very wisely declares that no amount of professional training will make good the deficiency in general education. The opinion seems to be growing daily in this city that an academic education is the only basis for a thorough medical education.

There has been a case of still-birth to which considerable interest has been attached, owing to the fact that it raises a point of law. Dr. Bell is in charge of a poor-district, in which there are many

cases of labor. Being pressed for time, he placed one of these cases in the hands of a student. When the child was born, finding that it was dead, the gentleman in charge placed it in a box and directed the father to bury it in the yard. The next day the parents requested a death certificate and were referred to Dr. Bell, who declined to give the document without seeing the student. The matter was referred to Dr. Richardson, the senior instructor, but he heard nothing further of the case. A somewhat garbled story has recently been published in the daily papers. In Philadelphia such cases come under the general law relating to births and deaths. The accidental character of the complication in this case was so evident that the coroner's jury dismissed it promptly.

Graceanna Lewis, in her lecture on sponges at the Academy of Natural Sciences on Monday afternoon, said that Prof. Agassiz went to his grave doubting whether, after all, these organisms were not plants, and that some of our latest investigators still hold the opinion that they are allied to the one-celled animals or Protozoans. One recent writer, C. S. Minot, makes of the sponges a distinct sub-kingdom.

In the sponges the egg passes through the process of division, like the egg of the higher animals, and from the cells, which are the product of this division, two layers, an internal and an external, are formed. This never occurs among the Protozoa. They are truly many celled animals, as has been shown by Carter, Lieberkühn, Oscar Schmidt and Haeckle, and pass through a stage of development which is common to all higher animals. This is known as the gastrula state. It would not affect the question at issue whether the sponges form a distinct sub-kingdom or not, because it is this gastrula which is in the direct line of ascent from the monad to man. There are but two living sponges, which in the adult state, retain the gastrula form. These are known as the Gastreales or Physemaria. In the Silurian age a sponge existed which is little else than a gastrula in stone. It is to this old Silurian sponge (Receptaculites), to the Gastreales of the present day, and to the embryos of all other sponges, that we must go to find the origin of the "gastrula stage" through which all the higher animals pass in the course of their development. It is on ac-



count of this that so much interest is felt in the study of the sponges.

The structure, mode of reproduction and growth of sponges were dwelt upon, and our fresh-water species near at home, in our streams around Philadelphia, were mentioned, the fact being given that, while a few years ago only one fresh-water sponge in the whole world was known, five different genera, with numbers of species, were now recognized. The spicule of one species was shown under the microscope, and specimens of the sponges themselves were exhibited.

The hospitals are gradually growing all over the city. Mr. Lankenau has recently given the German Hospital a lot of ground adjoining and will erect thereon an additional wing. Besides this he will build a spacious home for indigent aged couples.

Prof. Austin Flint, Sr., is delivering a course of three lectures before the Philadelphia County Medical Society. The topics are: First, The True Mode of Study and its Requirements as Regards Auscultation and Percussion. The signs obtained by percussion. Second, Auscultation and the Respiratory Murmur, with its Abnormal Modifications. Third, The Rales and Vocal Signs. The first lecture on November 25th was so largely attended that numbers of physicians and students were unable to gain entrance. Dr. Flint held the attention of the audience throughout his lecture.

We have grown somewhat accustomed to hearing the virtues of mud extolled as a surgical dressing. Dr. Hewson packs the vagina with it whenever a favorable opportunity presents itself. It is therefore with something of a feeling as if meeting an old friend that we read in the London Medical Record the value of turf mould as an antiseptic dressing. According to report, a laborer appeared one day in Newber's clinic, who had sustained a complicated fracture of both bones of the fore-arm eight or ten days previously. The soft parts were extensively lacerated and the wrist joint opened. As soon as injured the man had surrounded the fracture and the whole of the fore-arm with a thick paste of turf mould. After numerous washings, the wound was found to be healing kindly. This suggested to Newber that a new antiseptic dressing might be found. Upon investigating the subject, he learned that the dust resulting from the making of sods of turf by the circular

saw, was very light and possessed a powerful affinity for ammonia and gases generally, and absorbs nine times its weight of water.

C.

**SPURIOUS GLYCERINE.**—A saturated solution of sulphate of magnesium, with one hundred and sixty grammes of glucose to the litre, has been introduced as a spurious glycerine in France. As a matter of course it will soon find its way here, and cause suspicion of a very useful adjunct to the appliances of the sick chamber.

**CAUSE OF GOITRE.**—M. Jewells Carret, Progress Medicaire, is convinced that goitre is caused by a microbion which lives in the soil and finds its way to the drinking water. Its action is only to be feared at certain seasons of the year. The prophylaxis is evident.

**FORMER FILTH.**—Nature says that in the time of James I. so little regard was had to cleanliness that the "dunghill" within the castle precincts "had increased to such a size and bigness that it was in length ninety-eight yards, the depth of it was ten yards, and the breadth of it thirty-two yards," some twenty-seven thousand tons of filth having thus been allowed to accumulate. In the seventeenth century the great plague was one of eleven epidemics; it alone caused seven thousand deaths, and it led, by the almost complete desertion of the town and port, to a ruined trade and wasted treasury. Our modern filth is not often so tangible, nor so readily removed.

#### PROPRIETARY MEDICINES.

Recently I have read much concerning secret and copyrighted nostrums. The strife is between those who think it right, just, and proper to employ in their practice, secret and copyrighted preparations, and those who view the whole class of ready made prescriptions not only sentimentally wrong, but mischievous in practice.

While I cannot sympathize with the ultra-views of the latter, I am sure in the aggregate that the evil proprietary medi-



cines have done has very far exceeded all the good they have conferred. I have very often noticed that one prescription from a physician for a quack nostrum sells several bottles in a few days, to other families than the original one. The bottle is carried home, circulars read and distributed among neighbors, others think the medicine will just suit their case, and procure it, independent of the medical adviser. As each bottle contains the certificates of such men as J. Milnor Fortbergill, Lennox Brown, William A. Hammond, Loomis, Danford, Bauday, and J. Aitken, Meigs, it carries a weight with it that could not be imparted to the almanacs of Jayne and Schenk. Of course every such certificate and prescription is in direct violation of our code of ethics, injures the physician in person and the profession in general, and advances the power dignity and influence of the proprietary medicine business.

Of course people soon learn in a general way the use of these secret nostrums: iodia, bromidia, celerina, beef wine and iron, and the proprietary phosphorus compounds are used instead of the former family medicine, and being employed in unsuitable cases often do serious injury. Many apothecaries encourage their sale, give them their endorsement and spread the evil—an evil exceeding that proceeding from the almanacs and gutter snaps of the popular medicine men. Human life and health is thus sacrificed to these therapeutical Molochs, the medical profession degraded and quackery exalted.

When a white-robed pharmaceutical establishment puts out a decaying mass of dessicated blood, in a peculiar style of box, rendered proprietary by the name of a certain doctor, cautioning the profession with a big "C" not to use any other, I am strongly reminded of the self-sanctified Pharisee.

In a previous number of the *Chicago Medical Review* the statement is made that no respectable physician would be a proprietor of a secret and copyrighted nostrum. I think this is an error. I have near me as I write this, a nostrum labelled "Vitalized Phosphates, entered according to act of Congress July 18th, 1874. Formula published in Dr. Percy's essay 'Phosphorus.'"

The fact has been well proved, that the formula for this nostrum has never been published in any essay, journal, pamphlet or circular, but I believe the nostrum was

copyrighted as stated, and has been advertised in about every periodical, professional and non-professional, from the *Chicago Medical Review* down to railroad guides. Its proprietor, Dr. Samuel R. Percy, "is a distinguished member of the regular medical profession, has been a professor in the New York Medical College, a colleague of Barker, Carnahan, Doremus and Jacobi, has won several prize essays, and has distinguished himself by his researches with phosphorus." The fact that he is the proprietor of this nostrum has never in the least impaired his standing in the profession, neither has the proprietorship of "Acid Phosphate" cast a shadow upon the reputation of Professor Horsford. These nostrums have both been run in the rut of popular remedies and yet largely prescribed by physicians.

Secret nostrums, however, have been so extensively denounced, their evils so ably portrayed, that it is hoped that physicians will reflect upon this subject, and if they do, I am sure they will withhold their aid and sympathy from the nostrum nuisance. If the American Medical Association will exclude quack nostrum prescribers from its lists of officers, it will take one good step in the right direction.

HORACE E. ASHMEAD.

{ S. W. Cor. 21st & Fitzwater Sts.,  
{ Philadelphia, Pennsylvania.

## BOOK REVIEWS.

### PHARMACOPOEIA OF THE UNITED STATES.

Sixth Decennial Revision. William Wood & Co., New York. W. J. Keener, Chicago: 1882.

This handsome volume of nearly five hundred pages contains some important omissions, additions and changes. Two hundred and twenty nine titles have been dismissed from the present edition and two hundred and fifty-six have been added. This makes the total number of titles at present nine hundred and seventy. Some changes in the names require attention. The Latin names of alkaloids have been made to terminate in -ina, and the corresponding English names in -ine. The change has been made in obedience to the demand of modern chemical language. Morphina, atropina, etc are substituted for the former names. The typographical arrangement and spelling of all terms have received careful revision. Hereafter assafoetida must be spelled with one s.



**A MANUAL OF HYPODERMATIC MEDICATION.**

The Treatment of Diseases by the Hypodermatic Method. By Roberts Bartholow, M. A., M. D., L. L. D., Philadelphia, Fourth Edition: Philadelphia, J. B. Lippincott & Co. Chicago, Jansen, McClurg & Co.: 1882.

The great demand for this work necessitating the issue of a fourth edition, is the best recommendation of popularity that the book can have. The first chapter is entirely historical. It gives in detail the history of the hypodermatic medication from its incipency down to its introduction and adoption in this country. A list of thirty-four drugs with many derivatives is given for the above use. The greater part of the work is occupied with the consideration of the uses of morphine and atropia. These two drugs are discussed both from a physiological and therapeutic standpoint, so that after giving the chapters devoted to these subjects a careful reading one is prepared to use the drugs with understanding. Dr. Bartholow advises the use of a well-made silver syringe. His book meets a long-felt want, and one cannot read it without being filled with the scholarly animus which moved its author to the accomplishment of his task.

**SLIGHT AILMENTS; THEIR NATURE AND TREATMENT.** By Lionel S. Beale, M. B., F. R. S. Second Edition. Philadelphia, P. Blakiston, Son & Co. Chicago, W. T. Keener: 1882.

Almost every one with any medical training is familiar with Dr. Beale's works on microscopic studies both in biology and in subjects which bear more directly on medicine. In this little work Dr. Beale endeavors to direct the attention of medical men to the careful study of the minor aches and pains which go so far to make life a burden. The ailments which are mentioned are such as are rarely if ever mentioned in the college course. The book therefore forms a valuable addition to any work or study upon therapeutics and practice. As an indication of the matter discussed, the tongue may be taken as an example. The condition of its epithelium both in health and disease is minutely described. The various conditions of excessive moisture or excessive dryness, the different degrees of too much epithelium or too little, each have consideration.

Scattered here and there through the

pages of this book will be found spicy thoughts or racy ideas such as are better even than physic for the depressed soul. Dr. Beale has entirely anticipated any adverse criticism. In treating of diseases of the intestinal mucous membrane he says that "successful critics are often constipated and that many a severe article would never have seen the light if the glands of the critics large bowel had been in good order at the time." Of course no one cares to lay himself open to such a charge.

**THE ARMY.**

**OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Nov. 12, 1882, to Nov. 28 1882.**

Alden, Charles H., Major and Surgeon, at expiration of present leave to report to the Commanding General, Department of Dakota, for assignment to duty (S. O. par. 10, No. 273, A. G. O. Nov. 23, 1882).

Bill, Joseph H., Major and Surgeon, at expiration of present leave, to report to the Commanding General Department of the Platte, for assignment to duty. (S. O. par. 10, No. 273, A. G. O. Nov. 23, 1882)

McKee, James C., Major and Surgeon, now awaiting orders, is assigned to duty in the Department of California (S. O. par 10, No. 273, A. G. O., Nov. 23, 1882).

Moore, John, Surgeon; the leave of absence granted by S. O. 145 C. S., Department of Colorado, extended one month. (S. O. 175, par. 2., Mil. Div. of the Pacific, Nov. 3, 1880).

Smith, Andrew K., Major and Surgeon, at the expiration of his present sick leave will be assigned to duty at Willet's Point, N. Y. (S. O. par. 10, No. 273, A. G. O. Nov. 23, 1882).

Williams, John W., Major and Surgeon, assigned to duty at Fort Coeur d'Alene, Idaho. (S. O. 161, par 3, Department of the Columbia, Oct. 26, 1882).

Barnett, Richards, Captain and Assistant Surgeon, the leave of absence granted Nov. 1, 1882, is extended five months. (S. O. par. 11, No. 273. A. G. O. Nov. 23, 1882).

Brown, Paul R., Assistant Surgeon; the leave of absence granted May 25, 1882, is extended six months on surgeon's certificate of disability. (S. O. par. 7, No. 273, A. G. O. Nov. 23, 1882).

Cleary, Peter J. A., Captain and Asst Surgeon; now awaiting orders, will report to the commanding general, Dept. of Dakota, for assignment to duty. (S. O. par. 10, No. 273, A. G. O. Nov. 23, 1882).

Corson Joseph K., Asst. Surgeon; is assigned to duty at Jefferson Barracks, Mo. (S. O. par 8, No. 273, A. G. O. Nov. 23, 1882).

Gardner, Edwin F., Captain and Asst. Surgeon; ordered to Fort Walla Walla for duty. (S. O. 161, par. 3, Dept. of the Columbia, October 26, 1882).

Reed, Walter, Captain and Asst. Surgeon; relieved from duty in the Dept. of the East and



assigned to duty in the Dept. of the Platte. (S. O. 266. par 4, A. G. O. Nov. 14, 1882)

Munday, Benjamin, 1st Lieut. and Asst. Surgeon; will be relieved from duty at Willet's Point, New York, and assigned to duty in the Dept. of the Columbia. S. O. par. 10, No. 273, A. G. O. Nov. 23, 1882).

Owen, Wm. O., Jr., 1st Lieut. and Asst. Surgeon. to proceed to Astoria, Oregon, and report to 1st Lieut. E. B. Rheem, 21st Inf., for duty with his command. (S. O. 164, par. 5, Dept. of the Columbia, Oct. 30, 1882).

Wyeth, M. C., 1st Lieut. and Asst. Surgeon; to report to Fort Snelling, Minn., for temporary duty. (S. O. 185, par. 3, Dept. of Dakota, Nov. 9, 1882).

### MARINE HOSPITAL SERVICE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the Marine Hospital Service, July 1, 1882, to Sept 30, 1882.

Hutton, W. H. H., Surgeon, to inspect Keepers and crews, Life Saving Service, July 11, 1882.

Miller T. W., Surgeon, to inspect Keepers and crews, Life Saving Service, Aug. 7, 1882.

Wyman, Walter, Surgeon, to inspect keepers and crews, Life Saving Service.

Long, W. H., Surgeon, Granted leave of absence for ten days, July 1, 1882. Granted leave of absence for fourteen days, Sept. 16, 1882.

Murray, R. D., Surgeon, to proceed to Brownsville, Tex., Aug. 21, 1882.

Purviance, George, to inspect Keepers and crews, Life Saving Service, July 13, and 18, 1882. To report for temporary duty at Washington, Aug. 23, 1882. To report for temporary duty to Chairman Board of Examiners Rev. B. K. "Chase," at Norfolk, Aug. 26, 1882.

Smith, Henry, Surgeon. Granted leave of absence for thirty days, July 5, 1882.

Fisher, J. C., Passed Assistant Surgeon, To report for temporary duty to Chairman Board of Examiners, Rev. B. K. "Chase," at Norfolk, Aug. 26, 1882.

Irwin, Fairfax, Passed Assistant Surgeon, Granted leave of absence for thirty day, July 28, 1882.

Carter, H. R., Passed Assistant Surgeon, To proceed to Hickman, Ky., for temporary duty, Aug. 10, 1882. To proceed to Memphis, Tenn., for temporary duty, Aug. 12, 1882. To proceed to Little Rock, DeValls Bluff, and Newport, Ark., as inspector, Sept. 16, and 21, 1882.

Porter, F. D. Assistant Surgeon, To proceed to St. Louis, Mo., for temporary duty, Aug. 21, 1882. To report to Surgeon Sawtelle for examination for promotion, Sept. 1, 1882. To rejoin his station (Chicago) when relieved by Assistant Surgeon Urquhart, Sept. 1, 1882.

Benson, J. A., Assistant Surgeon, To proceed to Cairo, Ill., for temporary duty, Aug. 12, 1882.

Devan, S. C., Assistant Surgeon, To join Rev. Str. "Corwin" for cruise in Alaskan waters, July 10, 1882.

Urquhart, T. M., Assistant Surgeon, to proceed to Wilmington, N. C., for temporary duty, July 26, 1882. To proceed to St. Louis, Mo., for temporary duty, Sept. 1, 1882.

### PROMOTION.

Porter, F. D., Passed Assistant Surgeon. Promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury from October 1, 1882. Sept. 14 1882

### BOOKS AND PAMPHLETS.

Graily Hewitt, M. D., London; F. R. C. P. The Diseases of Women, Their Pathology, Diagnosis and Treatment, including the diagnosis of pregnancy; Fourth American Edition. Philadelphia, P. Blakiston, Son & Co.; Chicago, W. T. Keener, 1882.

Robert Bartholow, A. M., M. D., LL. D. A treatise on the Practice of Medicine. Third Edition. New York, D. Appleton & Co.; Chicago, Jansen McClurg & Co.

George Harley, M. D., F. R. S. The Diseases of the Liver, with and without Jaundice, with the special application of physiological chemistry to their diagnosis and treatment. Philadelphia, P. Blackiston, Son & Co.; Chicago, W. T. Keener, 1883.

William H. Anderson, M. D. Alabama. The City of Mobile and the contiguous country about the Gulf Coast as a Summer Resort. Mobile, 1882.

Transactions of the Minnesota State Medical Society, 1882, St. Paul. H. M. Smythe Printing Co.

John V. Shoemaker, A. M., M. D., Philadelphia. The Treatment of Syphilis with Subcutaneous Sublimate Injections. From advance sheets of the Pennsylvania State Medical Society. Times Printing House Philadelphia, 1882.

A. P. Dudley, M. D. and H. C. Coe, M. D., New York. A case of Ovarian Tumor, with Rare Complications. Reprint from the New York Medical Journal and Obstetrical Review. July, 1882.

Walsh's Physicians' Combined Call Book and Tablet.

Official report of the proceedings of a special meeting of the Sanitary Council of the Mississippi valley. Indianapolis, October 19, 1882.

Harry C. Coe, A. M., M. D., New York. Fibromata and Cysto-Fibromata of the Ovary. Reprinted from the American Journal of Obstetrics, and Diseases of Women and Children. New York, Wm. Wood Co., 1882.

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# Chicago Medical Review

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E. C. DUDLEY, EDITOR.  
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## CHANGE IN THE OPIUM PREPARATIONS.—

The change in the strength of the opium preparations which has been made in the New Pharmacopœia, is of decided importance, and would escape the notice of the general practitioner unless special attention be directed to it. The instructions of the Convention to the Committee of Revision directed that in the liquid opium preparations, excepting paregoric, the strength of ten per cent. shall be adopted if found advisable. The change was accordingly made. Therefore preparations of opium which are made according to the new formula have a decided increase in their strength. The tinctura opii of the Pharmacopœia of 1870 contains thirty-seven and a half grains to the ounce. According to the new formula of ten per cent., the tincture will contain forty-eight grains to the ounce. Assuming the dose of the old tincture as twenty-four drops, the corresponding dose of the new tincture would be about nineteen drops. A similar fact holds good with the deodorized tincture. It is a matter of moment not only that these be noticed, but that they be born in mind; for in children and in people who are particularly susceptible to opium, it possibly might become a matter of vital importance whether the dose given was regulated according to the new or old formulâ.

POISONING BY FUNGI.—Cases of poisoning by fungi, while not common, are still frequent enough to occur in almost any one's practice, especially if he be located in a rural district. Dr. T. Jackson (British Medical Journal) made an autopsy of a child who died from eating the agaricus campestris. The only lesion of moment was found in the stomach, which contained nearly half a pint of mushrooms. On removing the contents, the mucous lining of the stomach appeared in an intensely inflamed congested state, in hue approaching to purple, with scarlet patches, gradually diminishing in intensity of color towards the pyloric end. It was easily detached. It is fair to presume from the history of the case, that death was sudden and due to the intense inflammatory action.

HOMŒOPATHIC REMEDIES.—The following delectable substances are contained in American Homœopathic Pharmacopœa whose names sufficiently indicate their composition: Syphilidum, buboinum gonorrhin, lencorrhin, glanderin, anthrasin, etc. They are called isopathic remedies or nosodes, which are defined to be, "Remedies obtained from morbid products of the animal system." Compared with these, what are the old time remedies, such as dragon's blood, dried manure, flies, toads, etc.

#### GALVANO-PUNCTURE OF THE PROSTATE.

—The Cincinnati Lancet and Clinic quoting from the Berlin. Klin. Woch. gives five cases as reported by Dr. Bredert (Hageman), principally of senile hypertrophies of the prostate, in which either one or both lobes of the gland were enlarged; and in all of these, the catheterization was impossible or could only be performed with great difficulty, by bending the instrument. In analogy with the employment of electrolysis upon other tumors, the doctor tried it in these cases with very good results in diminishing the size of the gland. He used for this purpose a needle electrode, insulated except at its point, which he pushed into the enlarged gland. This was connected with the negative pole, cathode, of the battery, while the positive was applied to the chest or abdomen. The diminution of the organ took place with astonishing rapidity. In one case this occurred after the third application.

#### VENESECTOMY IN ACUTE RHEUMATISM.—

Dr. Duncombe (Canada Lancet) reports a case of acute rheumatism, which did not yield to salicylate of soda, bicarbonate of potash, nor colchicum. The attack lasted several months and the temperature and pulse remained high. As a last resort, a pint of blood was taken from the patient and he began to improve almost immediately. In two days he was able to walk with crutches, and in two days more his temperature and pulse became normal. From that time forward recovery was rapid.

**DISCOLORATION OF SKIN IN DIABETIC PATIENTS.**—Dr. V. Hanot, (Revue de Med.), found at the post mortem examination of two cases of diabetes, where the skin had assumed the well-known brownish discoloration, hypertrophic cirrhosis of the liver, with pigmentation to a high degree of the liver cells, and also strong pigment masses in the interstitial spaces.

#### GLASS COVERS FOR DISSECTING TABLES.

—Some non-absorbing surface for dissecting tables is very desirable and many substances have been tried. The Brit. Med. Jour. contains an article to the point. Dr. C. W. Cathcart, Lecturer on Anatomy in Surgeons' Hall, Royal College of Surgeons, Edinburgh, describes, in a recent number of the Edinburgh Medical Journal that, on having to put a fresh cover to one of the dissecting tables at Surgeons' Hall, he substituted thick glass for the zinc-slating that had previously been employed for the purpose. It has answered so well, that Dr. Cathcart thinks it right that the method be submitted publicly to the notice of all lecturers, demonstrators, and others interested in the study of practical anatomy. The glass used is about half an inch thick, polished on one side, and ribbed or grooved longitudinally on the other. The table is spread with soft putty, and the glass cut to the exact size, is pressed evenly down upon it, with the polished side uppermost, one end being slightly raised. The margins of the glass are secured with a border of lead or wood, which goes all round except at the lower end, where a wooden gutter is fixed to carry off fluids, which drain down along the grooves. The surface of the glass can be kept beautifully clean. With glass of half-inch thickness firmly imbedded in putty, any ordinary wear and tear need not be feared.

#### WOUNDING THE TRANSVERSE SINUS.—

The Zeitschrift für Ohren. contains the history of a case as operated upon by Dr. Knapp for mastoiditis. The bone was found, upon drilling, to be compact and hard, but in its deeper layers hyperaemic. Upon penetrating deeper, the chisel struck upon yielding tissue from which flowed an abundance of dark blood. The wound was filled with a tent of absorbent cotton and united with sutures. Dr. Knapp concluded that he had wounded the transverse sinus. Recovery was uninterrupted.



## INJECTION OF IODOFORM IN SYPHILIS.

—Dr. Ed. Thomann, in Graz, (Centrlbl. f. d. Med. Wiss.) made use of a solution of twenty parts glycerine and six parts iodoform (Med. Press). He began with 0.30 iodoform and the dose increased to 0.75. He employed also a solution of 0.30 iodoform in six ctm. sweet almond oil. He took cases in whom, with decided induration, the inguinal gland had also commenced to enlarge greatly. After ten to twelve injections on different parts of the body, he observed, in all his cases, a gradual disappearance of all signs. He found the experiments of Binz and Högyes confirmed. They had made theirs on animals. The injections produced almost no pain, or very little only, and the local symptoms were very moderate and by no means as severe as those following injections of corrosive sublimate. None of his patients complained of these hypodermic injections of iodoform. Within two hours the remedy could be demonstrated in the urine. No disturbance of the general health, no increase of temperature nor of rapidity of pulse followed, and the breath did not have the odor of iodoform.

ANTISEPTICS IN TYPHOID FEVER.—Dr Gallois, in a communication to the Journal De Médecine, relates his experience in the use of antiseptics in typhoid fever. For the past five years he has employed in typhoid fever, rectal injections of phenic acid, and has never observed any toxic effect. In benign cases it is his custom to order an injection each morning, to which is added from ten to twelve drops of phenic acid dissolved in alcohol. In graver cases he advises a second injection in the evening. These injections have always been well born. He admits the antipyretic action of the drug, but employs it for its antiseptic action. He also employs, in cases where the fever is high, sulphate of quinine. This note of Dr. Gallois' shows that the use of antiseptics in typhoid fever is not entirely new. He claims an exceedingly low rate of mortality.

PHYSIOLOGICAL ACTION OF SPINAL ACCESSORY.—Dr. W. S. Tremain has reported in the Buffalo Med. and Surg. Journal, an extremely interesting case illustrating the physiological action of the spinal accessory nerve upon the larynx through its branch, the recurrent laryngeal. The patient was wounded in several places by a long sharp knife. Close examination revealed a small punctured wound on the right side of the neck, into which a probe could be introduced for about an inch. Examination with the laryngoscope revealed a paralysis of the intrinsic muscles of the larynx on the right side. Another point of some interest, is the statement that, when seen again, after a lapse of four months, there was complete recovery. This fact would seem to indicate that the injury while traumatic, was not an incised one of the nerve, or at least not a complete severing of the nerve.

AN AID IN PERCUSSION.—In the Chicago Medical Journal and Examiner will be found the following expedient, suggested by Dr. E. C. Huse: If a couple of feet of small rubber tubing be attached to an ordinary "finger stall," such as to be found in most drug stores, and its top, sewed to an elastic band, be pushed into the ear, the stalled finger will convey sounds in percussion, where nicety is requisite, far better than the ordinary way. It is to percussion what the stethoscope is to auscultation. An apparatus which the doctor devised, cost twenty-eight cents, and worked nicely.

DR. O. W. HOLMES' FAREWELL LECTURE.—On November 28th Dr. Holmes delivered his farewell lecture before the medical class of Harvard. The occasion was one not easily to be forgotten by the many students and graduates who had assembled to hear their eloquent teacher for the last time. In spite of his years, the doctor yields his position only that he may devote himself more entirely to literary work.



**QUINQUINIA AS AN ANTIPERIODIC.**—Mr. G. T. McKeough, M. B. (Canada Lancet), writes of his experience in the use of quinquina as a substitute for quinine. He says quinquina is a preparation said to contain fifteen per cent. of quinia, and that the remainder contains the other alkaloids of the cinchona bark. He used the drug with twelve patients and declared that the results obtained merit further trial. He thinks it will prove as trustworthy as quinine, grain for grain. Thirty grains will cure an attack of typical tertian or quotidian ague. One decided benefit it has over quinine, is the absence of any of the unpleasant symptoms of cinchonism. As to the mode of administering it, the drug is insoluble to some extent and therefore gritty and sandy. It is exceedingly bitter. From this, it seems best to give it in capsules, wafers or suspended in acacia, elixir of tarax. co. etc. The remedy seems useful, and if what is claimed for it be true, it will prove a great boon to the quinine taking public. The price of quinine is so high that any good, cheap substitute will be hailed with delight by the malarial stricken districts of our country.

**ANTISEPTIC COLLUTORIUM OR GARGLE.**—Dr. Larmander (Journal De Médecine) has found the following wash to be of great service: Take of glycerine twenty grammes, of salicylic acid and borax each two grammes. The borax is added simply to make a perfect solution of the acid. He advises the following formula for an antiseptic gargle: Take of salicylic acid and borax each two to four grammes, of honey thirty grammes, of distilled water two hundred and fifty grammes.

**STRYCHNIA AND OPIUM POISONING.**—A letter to the London Lancet describes a case in which suicide was attempted by a young woman who took part of a powder of Battle's Vermin-killer containing strychnia, of which she must have received about one and one-half grains, and imme-

diately afterwards two ounces of laudanum (Medical Times). Nearly four hours later she was found suffering with marked evidences of opium narcosis. Sulphate of zinc produced prompt emesis; her stomach was well washed out with hot water, mustard-water and coffee; she was diligently walked up and down, and three hours later was found by the attendant to be improving rapidly, so that it was believed to be impossible that the strychnia had also been taken. Indeed the only difference noticed between this case and ordinary cases of opium poisoning consisted in the fact that the pupils were little, if at all, contracted. One hour later, or eight hours after taking the combined poisons, she had slight convulsive movements of the extremities, which were at first thought to be hysterical, but they gradually increased in violence and frequency until their character was unmistakable. The opium symptoms had now nearly completely disappeared. Half-drachm doses of chloral given every hour controlled the paroxysms, and in ten hours later (making eighteen from the time of taking the drugs) she had entirely recovered. It is worthy of notice in this case that the symptoms of strychnia poisoning were held completely in check for eight hours by the laudanum, and that recovery took place after the unusually large dose of one and one-half grains of strychnia had been swallowed, although the chloral treatment was not instituted until at least nine hours after taking the poison.

**EFFECTS OF COLD.**—In the case of the higher animals death from cold may be simulated for a longer time than is usually supposed. Rabbits were shaved by MM. Richet and Rondeau, and inclosed in flexible tubes through which there was a flow of salt water, cooled to 7° C. until breathing and the action of the heart ceased. After suffering these mammals to remain in that condition for half an hour vital functions were restored



**CHOLERA AND FILTH IN CALCUTTA.**—The Indian Med. Gazette makes the following statement (Med. Times and Gaz.): "The close association of cholera and filth in Calcutta was very vividly demonstrated by Dr. Payne in the able and instructive reports which he prepared during his tenure of office as Health Officer of Calcutta. As a result of special inquiry, he was able to affirm that a large majority of cholera seizures occurred in the vicinity of foul tanks and wells, where water afforded an easy medium or nidus of conveyance or development of cholera poison. Evidence of the same sort has been forthcoming in later years, and a very remarkable instance of the outbreak of cholera in consequence of the befouling of air and water was recorded. The lesson which these facts convey is, that whatever the specific cause of cholera may be, the dependence of the disease on filth elevates the practice of general sanitation into the position of a special prophylactic of this dire and deadly disease."

**POISONING FROM STRAMONIUM.**—Dr. Murray (Canada Lancet), reports a case of a child who had eaten a large table-spoonful of stramonium seeds. When first seen, the child was in convulsions, the pulse so small and rapid as not to be counted. The little sufferer was delirious and covered with a brilliant red rash. An emetic unloaded the stomach of a few seeds. A full dose of castor oil brought away the remainder per anum. The case is remarkable for the number of seeds taken and the fact that they passed into the intestines and had time there to be digested and the toxic agent abstracted, and yet the child recovered.

**POST-MORTEM SIGNS OF DROWNING.**—Dr. F. Ogston (Edinburgh Medical Journal) concludes a review of this subject thus: When an external examination of the body is allowed, if abundance of water pour from the mouth on turning the corpse face

downwards, and if white watery froth be found at the mouth or nostrils, or if it may be made to issue from them on compressing the chest, we may be justified in giving an opinion as to the probability of drowning, especially when the accessory signs, viz., rosy redness of the face and front of the chest, goose skin, and bleaching and corrugation of the hands, are well marked, presuming always that no lethal injuries are seen on the body which would appear to have been inflicted before death, and no traces of corrosive action, etc., from poisons be observable about the lips, hands, clothes, etc., but to justify us in giving a more positive opinion, we ought to have furnished us a detailed account of the locality in which, and the circumstances under which, the body was observed before its removal to the place where it lies for examination. Where a complete inspection of the body is permitted, we may give a more positive opinion where, in addition to the external appearances, water in marked quantity, mixed with white watery froth, is found in the lungs and stomach, and also, perhaps, when a huge quantity of watery fluid is seen in the pleural cavities; when sand, sea-weed, etc., is found in the bronchi, or even in the trachea; when the lungs are bulky and protrude on the removal of the sternum, and when the blood within the heart is wholly fluid—especially when with these signs we find marked appearances of asphyxia in the heart, lungs, liver, etc.

JAMES T. FIELDS used to tell this story of Dr. Channing: "The reverend doctor and the medical doctor were both at a party in Boston one evening, and, some one being taken ill, the man of medicines, Dr. Walter Channing was summoned. The servant entered the room where the brothers were seated, and said, 'Dr. Channing is wanted.' 'Which Dr. Channing?' said Walter, the physician; 'the one who preaches, or the one who practices?'"



**XANTHOMA TUBEROSUM.**—In a report of the Pathological Society of London will be found (*British Medical Journal*) a short history by Mr. Malcolm Morris of an interesting and rare case of skin disease. The patient was a middle aged man and was suffering from diabetes. Two years previous to the report, an eruption had appeared on the outer side of the thighs and on the extensor aspect of the arms. Tactile sensation was normal except about the heels, when there was anæsthesia. The eruption consisted of tubercles which were fawn colored when large and developed, and pink when in an earlier stage. On the tongue and mucous membrane of the mouth there were a few tubercles. At the time of the report, the patient complained of giddiness and soreness of the feet and the scalp. A nodule, removed and examined microscopically, consisted, in the early stage, of a cellular overgrowth in the corium. There was no evidence to show that the growth was connected with the cutaneous glands.

**HÆMATOMA AURIS.**—Dr. Biantè (*Annales Medico-Psychologiques*) is of the opinion that hæmatoma auris results, in the majority of cases, not from traumatism, as has been claimed by Gudden, Griesinger, and others, but from trophic changes, the result of the patient's mental condition. He has found it very frequent among progressive paretics, epileptics, and recurrent maniacs. He has noted also, ten cases in which traumatism produced ecchymosis of the ear, but not hæmatoma. He claims that the difference between the idiopathic and traumatic hæmatoma lies in the duration of the affection. The traumatic hæmatoma runs a rapid course, while the idiopathic hæmatoma requires rather a long period for its development. Baratoux (*Tribune Med.*) has shown that lesions of the restiform bodies may, as was claimed by Brown-Sequard, produce idiopathic hæmatoma.

**IODOFORM IN MILITARY SURGERY.**—The value of a drug which can be immediately applied and which will render wounds aseptic and cleanly until the wounded reach the hospital, cannot be overrated (*Mary. Med. Jour.*). During the Russian and Turkish war (*Von Nussbaum Lond. Med. Rec.*) Von Reymann and Reyher showed most encouraging examples of the value of plugging wounds on the battle-field by antiseptic tampons. Five or six days of the roughest transport did not prevent the wounds so treated from appearing fresh and aseptic on arrival in the hospital. Such results lend support to Esmarch's brilliant idea to provide every soldier with the means of rendering his wounds antiseptic. With the great propelling power of modern weapons, many gunshot wounds have all the characteristics of incised wounds, and of themselves become rapidly closed to the exclusion of septic matters. If in the next war soldiers are provided on the battle-field with tampons of iodoform or iodoform with salicylic or boracic acids, it is safe to conclude that a large number of wounds will be found to be healed in the course of a few days, that all others will be placed in far more favorable conditions, and that in many cases it will be possible to send the wounded away at once to a distance, or even to their own homes.

**CARDIAC LESIONS IN GONORRHOËAL RHEUMATISM.**—Dr. P. Lucas Championnière, in the *Journal De Medicine*, calls attention to a rare complication in gonorrhœal rheumatism, namely, cardiac lesions. The reason why these are so few, will be found in the facts that in gonorrhœal rheumatism, the attack is sub-acute, and is confined to one or but few articulations. Following M. Potain's example, Dr. Championnière advises the use of salicylate of soda, and states that while it is of less value in the blenorrhagic than in the common form, it is nevertheless decidedly useful.



**DISEASE OF GENITALS IN INSANE WOMEN.**—The Maryland Medical Journal, quoting from the London Medical Record, states that Dr. Danillo examined two hundred insane women and found that one hundred and sixty-two, or eighty per cent, were suffering from various diseases of the sexual organs. Out of one hundred and forty menstruating women, between fifteen and forty-five years of age, only twenty were without some uterine anomaly. Out of sixty women who had ceased menstruating, between forty-two and seventy-five years of age, eighteen were the subjects of some affliction of the genital organs. Acute and chronic endometritis and metritis were most frequently observed: less frequently, displacement of the uterus, dysmenorrhœa, acute and chronic ovaritis and other diseases. The above results show that the complications of psychosis with uterine disease is a frequent occurrence, and of the greatest clinical interest.

**ANÆSTHESIA BY RAPID BREATHING.**—This topic is not a new one, but it is not without interest to note its application. The British Medical Journal contains an article by Dr. W. A. Berridge in which he states his experience in its use in various surgical operations. He tried it several times in reducing a dislocated humerus and in reducing a hernia. He says that he has failed occasionally with it, but this was exceptional. The objection to its use lies in the fact that it requires almost as much exertion, physical and mental, by the surgeon as by the patient.

**A LABEL FOR CHEMICAL GLASSWARE.**—Dr. R. Muencke (New Remedies) proposes as an improvement in chemical glassware, that on one side there be made a roughened space by grinding. Upon this then can be written with lead pencil the label of contents, since the plumbago is practically indestructible by acids and alkalies.

**PIGMENTATION OF CERVIX UTERI.**—In the report of the Pathological Society of London, (British Medical Journal), Dr. Robert Barnes draws attention to an unusual condition which he had observed in a case of hypertrophic elongation of the cervix uteri. The specimen, which consisted of the two lips of the cervical portion of the uterus, had been removed from a Hindoo woman. The surface was remarkably pigmented; a patch of the color of the woman's skin occupied the mucous membrane, where, owing to the exposure produced by the disease, it had become dry. The microscopical examination presented the usual appearance of the skin and showed conspicuously the various laminae. The pigmented granules were seen to lie in the normal cells of the rete mucosa, and appeared to occupy the nuclei.

**THERAPEUTIC VALUE OF BRINE SPRINGS.**—The use of medicated baths, as therapeutic agents has fallen into disrepute. In the British Medical Journal, Dr. Roden relates some important facts bearing upon the subject. The town in which he lives is noted for its saline baths, which have been under his observation for many years. The brine contains from thirty to forty per cent of saline matter, and is diluted to one-quarter its original strength for use in the bath. The cases in which it gives the most benefit are those of a rheumatic or gouty diathesis. They appear to derive benefit in all stages of their complaints. Under its use, large dropsical swelling of joints, and thecal and bursal distentions will often diminish and disappear with surprising rapidity.

**SUNFLOWER OIL.**—A writer in the Live Stock Journal says sunflower oil is greatly used for adulterating salad oil. Its leaves are much used for adulterating tobacco. Its oil is unsurpassed as a lubricant, and soap made from it is unequaled for softening the skin.



**LEECHING AFTER APOPLEXY.**—Dr. Davazac reports the case of a man (*Journal de Med. de Bour.*) who had a cardiac affection and was suddenly seized with loss of consciousness, lasting an hour. On being taken to his bed and undressed he came to himself; his speech was embarrassed, but without aphasia, and there was no evidence of paralysis. Two hours later his language became much more confused, and a right hemiplegia made its appearance, and the patient again lost consciousness. Dr. Davazac applied fifteen leeches behind the left ear without any marked effect upon the pulse, which was very irregular. Within half an hour the pulse resumed its usual character, the hemiplegia disappeared and the patient resumed consciousness. Dr. Davazac regards this case as indicating depletion in apoplexy.

**ECZEMA OF THE GENITALS.**—M. Cheron in the *Review des Mal. des Femmes*, declares the following application to be especially useful in eczema of the genitals: Chlorate of potassium fifty grammes, Sydenham's laudanum thirty grammes, aqua fontis one litre. The parts should be sponged with this lotion, and covered with compresses saturated with it. A rubber cloth should be placed over the dressing. The same writer also advised the use of tincture of iodine and iodide of potassium in equal parts as a lotion in cases of rebellious pruritus.

**NOCTURNAL INCONTINENCE OF CHILDREN.**—This trouble is annoying and often intractable. Professor S. D. Gross (*Mich. Med. News*) advises the use of the following formula: Strychnia, gr. one; pulv. canthar, gr. two; morphia sulph, gr. one and a half; ferri pulv., gr. twenty. He directs the pill mass to be divided into forty or fifty pills, according to circumstances. Under the use of this formula, together with careful hygiene, almost all cases of nocturnal incontinence in children rapidly improve.

**THE KNEE REFLEX.**—According to the *Cincinnati Lancet and Clinic*, Dr. Westphal gives in the *Verhandl. de Berl. Med. Gesellsch.*, a very interesting paper on this subject. The paper is too closely reasoned to be abstracted,—but the main questions which are intended to be settled by the case which he gives are, in case where the loss of the knee reflex is the first symptom of tabes, is there already anatomical change in the lumbar posterior columns, and, if so, where; that is, in the postero-external column or in the postero-median column? As Dr. Westphal points out, an answer to these questions need not be looked for in cases of advanced tabes where the sclerosis has extended widely beyond its first limits before it causes death. The case detailed by him, however, showed the disease confined to the postero-external column, and in other respects seems to answer as an *experimentum crucis* to prove that the lesion in tabes which causes the disappearance of this reflex, is in the postero-lateral column or root-zone of Charcot. Professor Westphal considers that the knee reflex ought to be tried in all cases of obscure nervous symptoms, e. g., in hypochondria, as he believes it is frequently by a long time the first symptom of tabes; and if he finds it absent without other symptoms of tabes being present, he takes it as a sign of latent tabes, which may, and most probably will, be developed at a future time. The reflex is difficult to produce in those who have short legs, and those who have short patellar tendons, but Dr. Westphal says he has never seen it absent in an undoubtedly healthy individual.

**LIPOMA OF THE THORACIC REGION.**—M. Polaillon, *Annales de Gynecol.*, relates the history of a case of lipoma of the thoracic region where the growth was almost on a line with the mammae and strongly simulated them in appearance. It was in the left axillary region.



**VICIOUS CALLOUS.**—In the *Journal de Médecine*, Dr. P. L. Champonnière reports a clinic of Professor Trélat, in which there was mentioned as one of the causes for paralysis of the extensors, a lesion or compression of the radial nerve, due to a vicious deposition of callous, which follows occasionally upon fracture of the humerus. As was shown in the clinic, the callous may either surround the nerve or may simply lift and extend it. In either case, the longer the nerve is allowed to remain in its perilous position, the graver grows the prognosis. In the former case, the nerve is not likely to recover as rapidly as in the latter case. The treatment as indicated consists in an excision of the fragment of callous which extends too far. In this manner the nerve is readily freed from pressure and extension, and there is every reason to expect a perfect cure. M. Trélat records a case where the injured nerve was restored to perfect usefulness, although the fracture had occurred five months previously, and the nerve consequently had been under extension for a long period.

**SUDDEN DEATH FROM HYDROPHOBIA.**—A case of hydrophobia is reported in the *British Medical Journal* which is remarkable for the length of time which intervened between the injury inflicted and the evidence of disease, and is also remarkable for the rapidity with which the patient succumbed to the poison after its manifestation. The wound was received two years before symptoms of poisoning developed. Mr. Payne records the case and states that the patient died in forty hours after the first uneasiness was experienced. The initial symptoms were headache with pain radiating from the scar. The autopsy showed nothing markedly abnormal. The gray matter of the brain and spinal cord was more distinct than usual, the salivary glands were enlarged as were also the solitary glands of the intestines.

**DEODORIZED COD-LIVER OIL WITH IRON.**—W. A. Henry (*New Remedies*) gives the following formula for cod-liver oil, which he claims is acceptable to many persons who would reject the oil in its unmodified form: To a pint of cod-liver oil, add sixty-four grains of dried sulphate of iron, one hundred and twenty-eight grains of castile soap, one ounce of powdered charcoal, one-fourth ounce of powdered chocolate. The sulphate of iron and castile soap should be dissolved each separately in hot water and the two solutions then mixed: The resulting precipitate, oleate of iron, should be washed and triturated with the cod-liver oil. The remaining ingredients should be added to the oil on a water bath. The resulting preparation is a dark brown, almost transparent fluid, which retains only a faint odor of cod-liver oil.

**A PILE PESSARY.**—Dr. Thomas Lothrop, (*Buffalo Medical and Surgical Journal*) reports the value of an ingenious pessary, which was brought to his notice by a patient. The pessary is composed of two olive shaped extremities united by a bar of metal. They may be corrugated or smooth, perforated or solid, as the case may demand. The shape of the pessary keeps it in position; because, when introduced, the muscular fibres of the intestine grasp the constricted portion of the pessary and hold it firmly. This instrument affords a ready means for applying pressure and also medication. Besides this, it carries the hemorrhoids up into position and thus aids in preventing stasis.

**FÆTID VAGINAL DISCHARGES.**—In the *Revue des Mal. des Femmes*, M. Cheron advises the use of the following formula in offensive vaginal discharges: Twelve grammes of chlorate of potassium, twenty grammes of Sydenham's laudanum, three hundred grammes of tar water. Two or three teaspoonfuls of the mixture are to be used to each litre of water in the injection.



**USE OF PROLONGED BATHS.**—In an editorial in the *Progress Medical* M. Leloir advocates the use of continuous bathing, such as is in vogue in the general hospital at Vienna. The bath consists of a bed, placed in a wooden reservoir lined with zinc. Water is supplied to this bath at the temperature of the body. The patient eats and sleeps in it. After prolonged use of this agent, the patients do not appear to be fatigued. This treatment is of special value in grave cutaneous diseases, as extensive psoriasis, pemphigus, extensive burns, and the enormous ulcers which form as sequelæ of typhoid fever, hemiplegia, or in the various wasting diseases. Under the surface of the bath, cicatrization goes on with astonishing rapidity. These good results are probably largely due to the equalization of pressure from the submersion of the patient's body. In a complete submersion the pressure can be much more equally distributed than upon a water-bed.

**ALKALOIDS IN THE URINE.**—In the *Revue de Medicine*, Dr. Bouchat announces that he has succeeded in finding certain alkaloids in the urine in health. He believes that they are elaborated in the alimentary canal by vegetable organisms, the agents of intestinal decomposition. Those diseases as typhoid fever, which increase intestinal putrefaction, augment proportionally the quantity of alkaloids in the urine, and in proportion as this process is controlled by charcoal and other agents, the alkaloids in the urine are diminished. Hence he concludes that they are generally found in the intestine, and are absorbed in part by the mucous membrane and excreted by the kidneys.

**LOOSE BODIES IN JOINTS.**—The statement that portions of articular cartilage may be broken off by violence and remain in the joint as loose bodies, has met with opposition in both France and Germany.

The *Lancet*, quoting from the *Revue de Chirurgie*, announces M. E. Poncet's views on the debated question. His study has been made from an histological standpoint. He states that in capsular arthrophytes, a gradual transition from cartilage through fibro-cartilage to true bone is not infrequent, and that there is sometimes calcification of the fibro-cartilage quite distinct from true bone; that in all specimens a hilus or remains of a pedicle are to be seen, while in none is there any capsule of newly formed fibrous tissue surrounding the loose body. In true traumatic "arthrophytes" he found, on the contrary, no hilus or sign of any pedicle, but the body was surrounded by a thin cortex of newly formed fibrous tissue, while a section showed that the line or separation of the bone and cartilage was sharp and abrupt, and without any intermediate zone of fibro-cartilage. The bony matter, too, was always placed to one side of the body, and was never completely surrounded by cartilage, but partially in immediate contact with the context of fibrous tissue, which was found to be histologically continuous with the cell tissue in the cancelli. These observations certainly afford a further proof that "arthrophytes" may be produced by injury to previously perfectly healthy joints. M. Poncet advocates the removal of "loose bodies" through a sufficiently free incision, but he disapproves of the subsequent use of a drainage tube, regarding the drainage tube as solely intended to prevent the exudation from the wound passing into the joint. He endeavors to secure this object by suturing the synovial membrane with fine cat-gut, and closing the external wound in a similar manner.

**SUB-CUTANEOUS USE OF LAXATIVES.**—The *Medical Record*, quoting from the *Therapeutical Gazette*, points out the following suggestive use of laxatives: A number of preparations have been used hypodermically at Berlin for therapeutic



purposes. Aloin and the preparations of colocynth proved themselves most worthy of use. Aloin, one to eight of warm glycerine, injected in quantities of sixty to one hundred and twenty minims produces a mild laxative effect in from six to eight hours. The same quantity administered internally produces an effect in the same time. Citrulline and colocynthinum purum in doses of five to ten milligr. act in even a drastic manner. Citrulline is a resinoid of colocynth. This resinoid injected per anum in the same quantity as hypodermically acts in much shorter time. This same was found true in the use of other preparations employed. Therefore applications of laxative remedies are for the most part preferably made per anum. The preparations of colocynth administered hypodermically produce tenesmus and sometimes catarrh of the rectum. Conclusion: The hypodermic injection of laxatives does not diminish the dose nor shorten the period before the effect appears, nor is there greater safety in thus administering such remedies, so that powders, pillets, and infusions of these agencies are much to be preferred.

TEST FOR IODINE IN THE BODY.—Dr. Henry A. Lediard (British Medical Journal) happened to notice that calomel employed locally in syphilitic patients, who were taking iodide, caused a yellow discoloration upon the surface. This suggested to him the use of calomel as a delicate test for iodine. He therefore began a systematic series of experiments. The test he found to be very accurate and delicate. His custom is to give a patient a piece of white paper and to order that a little saliva be expectorated upon it. Calomel is then gently dusted upon this and the two mixed by rubbing the folded sides of the paper together. The test appears to be accurate, no matter what drug or drugs be used in combination with the iodine.

PREGNANCY MISTAKEN FOR OVARIAN CYST.—Dr. A. Purch, in the *Annales de Gynecol*, relates the following case. At the Jewish hospital at Kiew, there was found a patient who was suffering with an abdominal tumor, although still young. The doctor, as well as the physician in charge, diagnosed the case as one of cyst of the ovary and discarded the possibility of pregnancy from the fact that the sound entered the uterus to the normal depth. On the day appointed, the doctor, with an admiring audience of friends and students, proceeded to operate. His chagrin and disappointment can be better imagined than described, when upon plunging a trocar into the supposed cyst, amniotic fluid appeared. An eight months' foetus, with its placenta and membranes was removed from the cavity of the uterus. The doctor withdrew and allowed his assistants to put in the sutures. The patient died.

CÆSAREAN SECTION.—The Medical News reports a case in the service of Prof. Carl Braun at the Vienna General Hospital, where, owing to high deformity of the pelvis, labor was impossible. Porro's operation was performed. Upon the fourth day the woman died with symptoms of acute septic peritonitis. The autopsy revealed the usual lesions of peritonitis. In performing the operation, Prof. Braun had ligated the pedicle and cauterized the stump thoroughly, and after waiting until assured of no bleeding, had returned it to the peritoneal cavity. In commenting upon the case Prof. Braun stated very emphatically, that he would never again treat the pedicle of a pregnant uterus by the intra-peritoneal method.

FROGS MAY CAUSE URETHRITIS.—From the thesis of Dr. Bonarny (Rev. de Therapeutic) is to be found the startling fact that two epidemics of urethritis have been caused by the eating of frogs which had been fed upon cantharides.

**ABSORPTION IN THE STOMACH.**—Dr. Tappeiner has communicated to the *Zeitsch. f. Biolog.*, the result of his experiments on dogs, etc., regarding the power of absorption exercised by the stomach (*Med. Press*). He put a ligature around the pylorus, and introduced solutions through an œsophagus-tube. He found that of watery solutions of glucose, sulphate sodium, taurin, peptone, and strychnia very little was absorbed. If he took alcoholic solutions, far more was absorbed than left in the stomach, and while, for instance, the effect of a watery solution of strychnia became only very gradually apparent, and in a mild degree, the same quantity of strychnia in an alcoholic solution, caused death within ten minutes. The effect was, however, not uniform, and he observed that the rapidity and the quantity in these absorption processes depended, to a great degree, upon the quantity of fluid previously in the stomach. With the pylorus closed, watery solutions of chloral had very little effect, while alcoholic solutions caused sleep within a few minutes. Three-fourths of the alcohol was always absorbed. This gives us an indication for the diet of persons suffering from cancer of the pylorus, or of induration and narrowing of this orifice, due to other morbid lesions. The nutritive material should be given in alcoholic solutions, and very little at a time, so that there is never much fluid at any one time in the stomach, and, for that matter, very little solid material. All medicines, in such cases, should be administered, dissolved in alcohol.

**LESIONS OF THE TEETH IN LOCOMOTOR ATAXIA.**—At the meeting of the French Association for the Advancement of Science, on August 30th (*Med. Times and Gaz.*), a communication was made by M. Th. David upon lesions of the teeth found in locomotor ataxia. The paper was based upon the observation of a single case, and the following are the most important of the conclusions arrived at from an atten-

tive study of it. The alteration consisted of a rapid decay of teeth. The altered substance assumed the consistence of touch-wood and a reddish color. The enamel still retained its polish, but not its hardness. Beneath those parts the pulp had produced a new layer of secondary dentine, and in most of the front teeth the pulp-cavity was filled up. These alterations had nothing in common with caries, and must be referred to nutritive disturbance resulting from the lesion of the central nervous system. The changes are analogous to those which have already been observed to take place in the nails in the course of locomotor ataxia, they would thus establish a pathological relationship between organs already connected by a common epithelial origin. Locally, these alterations recognize for their immediate cause a functional disturbance or a lesion of the dental pulp. The atrophy which has been shown to exist would be quite comparable to that which is observed in the eye under similar circumstances. Whence the final conclusion that we must attribute to the dental pulp the physiological significance of a sensory organ.

**THE DIAGNOSIS OF SYPHILIDES.**—The *Lancet* published an interesting addition to the literature on syphilides by Dr. Mauriac, physician to the *Hopital du Midi*, the well-known hospital for venereal affections in the male. The *Medical Progress* gives the following summary of the article: In giving a description of the topography of syphilides, Dr. Mauriac observed that their distribution on different regions of the body presents certain peculiarities which are not found in other affections of the skin. Erythematous syphilides are found principally on the trunk and flanks, on the inner parts of the limbs and on the flexor more than on the interior aspect. The papular form has its seat of predilection on the face, the alæ of the nose, and on the forehead at the roots of the hair, the upper part of the



neck, the trunk, and on the limbs in all directions. The scaly forms with all their varieties, invade principally the palms of the hands and the soles of the feet. Pustular syphilides, superficial or impetiginous, affect the scalp, the beard, and in general the regions covered with hair. As for tubercular eruptions, they are disseminated all over the body. Thus it may be seen that syphilitic eruptions may affect the entire cutaneous covering of the body. There are however some parts of it which would seem to form exceptions to this rule, such as for instance the clavicular and sternal regions, where simple and parasitic eruptions are so common. The same may be said of the back of the hand, and this remark is particularly applicable to the exanthemata. Papulosquamous eruptions are never seen on the limbs, on the extensor surface, at least systematically, as is the case with one of the most common and most typical of non-syphilitic eruptions, psoriasis. The natural orifices, the commissures of the lips, isthmus of the fauces, orifices of the nostrils, the vulva, and anus, are the seats of predilection of the earlier syphilitic symptoms, and among others, mucous patches are there particularly noticed. The circular forms of simple erythema may be found on all parts of the body, whereas the same forms of erythematopapulous syphilides affect by preference the chin, cheeks, forehead, the neighborhood of the anterior and internal parts of the limbs and buttocks; the syphilides appearing later and affecting the tissues deeply, are generally situated on the nose, lips, scalp, the internal and clavicular regions, the buttocks, and more frequently on the legs near the joints than on the thighs.

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**IMPURE VIRUS IN VACCINATION.**—A warning comes from an English provincial town in regard to the use of impure virus in vaccination. Nine infants in that town who had been vaccinated were taken

with erysipelas, apparently as a consequence of the operation. As several of the children died, the matter attracted so much attention that the cases were made the subject of a special public inquiry. The results are now issued in a parliamentary paper, which contains lessons beyond any limit of locality in their application. It appears that nothing in the cases warrants the use of them as an argument against skillful vaccination, nor was the fatality endemic or due to local causes. The trouble arose from the use of ivory points. The operator seems to have been a slovenly person of an economic turn of mind, and his custom was to use the ivory points over and over again, cleansing them, according to his views of cleanliness, between operations. The result of a failure to remove the adherent lymph is believed to have been that some of the material underwent a putrefactive change. The point was then in a condition precisely similar to the poisoned missiles used by some savages, who are accustomed to tip their arrows and spears with some splinters of bone on which putrescent matter has been allowed to dry. The result was as described. The first lesson is that in no case should a point be used a second time. There is no necessity for it. If economy prevents regarding an exhausted ivory point as wasted material, a quill splinter should be used. Not less important is the warning that vaccination should not be performed in a careless or slovenly way.

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#### CHOLERA-LIKE SYMPTOMS IN URAEMIA.

—Dr. H. Mallins reports in the *Lancet* (Medical and Surgical Reporter) a peculiar case that came under his care some time since in India. A man was brought into the hospital in a state of complete unconsciousness, with severe purging and vomiting, the stools being of the rice-water character. He had been cutting grass in the sun when he felt ill. His features were pinched, surface quite cold, tongue

dry with slight brown fur. By the next morning he was conscious and able to get out of bed; pulse, 118; very weak; respiration 32; temperature 99.2 degrees. Suppression of urine existed and the bladder was found empty on several explorations. Diarrhœa continued; he grew drowsy and died two days after admission. At the time of the occurrence of this case an outbreak of cholera was not unlikely, as cases had been reported from stations near at hand. The sudden occurrence of unconsciousness, coldness of surface, feebleness of voice, vomiting, purging, the stools of the rice-water character and finally the suppression of urine, might have justified the diagnosis of malignant cholera, and in the absence of an autopsy the case would probably have been reported as such. The examination however revealed a hopelessly disorganized pair of kidneys, and justified the conclusion that all the symptoms were due to uræmia.

**MALE FERN.**—Dr. Frederick Manson, having observed the effects of male fern upon a dog, reports the result in the *British Medical Journal*. The dog was suffering markedly from tape worm. A drachm of the fluid extract was administered. Shortly afterward the dog began to stagger in attempts to walk, and a little later, when stood upon its feet, fell over upon its back and was unable to rise. Muscular power was completely gone. The dog remained limp and paralyzed for three days, and there was no intestinal movement during that time, in spite of cathartics. From this time onward recovery was gradual.

**A LARGE FAMILY.**—Among the immigrants who arrived at Bonaventure depot a few days ago was a man and wife from England, with their family of children. Within six years they have had twelve of them. They have had triplets twice, twins twice and single births twice. The little ones were all well and hearty.

**ETIOLOGY OF TUBERCULOSIS.**—Dr. Formad in the *Medical Times* publishes the results of his extended experimentation upon "the bacillus tuberculosis and some anatomical points which suggest the refutation of its etiological relation with tuberculosis." The main facts he states as follows: That the predisposition to tuberculosis in some men and animals, the so-called scrofulous habit, lies in the anatomy of the connective tissue of the individual, the peculiarity being a narrowness of the lymph-spaces and their partial obliteration by cellular elements. That only beings with such anomalous structure of connective tissue can have primary tuberculosis, and such animals invariably do become tuberculous from any injury resulting in inflammation, or from repeated injuries. That scrofulous lungs can have no other than a tuberculous inflammation, although it may remain local and harmless. That non-scrofulous men or animals may acquire the predisposition to tuberculosis through malnutrition and confinement, the latter bringing on the above mentioned anatomical peculiarities in the connective tissue. That no external etiological influences are necessary to cause tubercular disease other than those which ordinarily produce inflammation, and even scrofulous beings will not become tuberculous unless local inflammation is induced. That non-scrofulous animals, so far as can be established now, may acquire tubercular disease through injuries of serous membrane as the peritoneum and pleura, and even in these places without any special virus. That the bacilli, which Koch was the first to prove as infesting tissues affected by tubercular disease, are not necessary for its causation, even if a special organism exists and be really possessed of such property. The presence of bacilli, so far as our present research goes, is secondary, and appears to condition the complete destruction of the tissue already diseased and infested by them, and this destruction is in direct proportion to the quantity of



the organisms, which thus regulate the prognosis. The tubercular tissue seems to serve merely as a nidus for the growth of the bacillus. That from the results of microscopic examination, from numerous observations upon the post-mortem table, and on clinical grounds, he has come to the conclusion that phthisis is not a specific infectious disease, but that the individuals suffering from tubercular disease are specific themselves originally, and form a special species of mankind, the "scrofulous." That scrofulosis is a condition which may arise from malnutrition and seclusion in any being, and thus may be produced artificially. It always depends upon the demonstrated anatomical changes in the connective tissue. That an analysis of Koch's experiments shows that he has not proved the parasitic nature of phthisis, nor that there exists a special bacillus tuberculosis; so that the infectiousness of tubercular disease is still sub judice.

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**CHOREA AND RHEUMATISM.**—At the last meeting of the British Medical Association (British Medical Journal) Mr. E. Rickards read a paper before the Section of Medicine. He claimed that chorea is a functional disease of the brain. From his observations, he believes that chorea occurs exclusively in individuals of an excitable nervous temperament, and at a time of life when the mind is least stable, and that it may frequently arise solely from fright. He thinks that chorea is caused by mental disturbances because the movements are under the control of the will and cease during sleep. He thinks that the casual relationship between rheumatism and chorea must, at present, be purely speculative. He states that in no instance has he seen valvulitis develop in a choretic patient unconnected with rheumatism, and that valvular disease of the heart is associated with chorea only through rheumatism.

**SMALL-POX IN HAYTI.**—An Eastern exchange contains a letter from Dr. J. B. Terres, of Port-au-Prince, giving an account of the terrible ravages made by small-pox in the Island of Hayti, since its first appearance there in the latter part of 1881, and the experience of physicians in the use of vaccination as a preventive of the disease. Dr. Terres says that the first case of small-pox appeared in the latter part of October, 1881, and from that point it spread rapidly over the entire island. The first case appeared in Port-au-Prince on November 15, 1881, and the disease soon spread throughout the entire city. The largest proportion of the cases was of the confluent form, and the mortality was very great. Dr. Terres estimates that the number of deaths on the island from small-pox has reached fully fifty thousand, and the disease is still doing its deadly work. No active means were taken to check its spread until about January 23d, of this year, and even when the necessary measures were adopted, it was found impossible to carry them out satisfactorily. The great trouble experienced was to make the masses understand that the spread of the disease was chiefly owing to the free intercourse of well persons with their sick friends. The writer has seen fifteen or twenty persons sitting in the room with a man suffering from the worst form of confluent small-pox, and whole families sleeping in the same room with sick children, and even in the same bed. During the first two months of the epidemic there were a few cases of the hemorrhagic form. Dr. Terres gives at some length his personal observations and some facts which have come to his knowledge in regard to the effect of vaccination as a preventive of small-pox. In Hayti, he says, vaccination has proved to be an almost absolute protection from the disease. A few exceptions have been noted, but these he attributes to the fact that the vaccine did not take properly. "The mortality," the doctor writes, "is

nominally nothing when you take into consideration the fact that when the epidemic made its appearance it found a population of about eight hundred thousand people, the great majority of whom had never been vaccinated. There were but few physicians at the time who could obtain vaccine matter, the supply of those few were limited, and as the greater part of the matter was worthless, the natural consequence was that with a majority of the people vaccinated it did not take. Dr. Terres vaccinated in this city about eight thousand, and of this number he did not succeed with more than one-fourth, and in the majority of the cases where he was successful he had to vaccinate several times. He used the bovine virus in tubes, quills, and on ivory points. He was most successful with the tubes. He vaccinated himself and family, consisting of six persons and seven servants, and although during the height of the epidemic he was called every day to visit from two to three hundred small-pox patients, many of them suffering from the worst form of the disease, still, having entire confidence in the preventive power of vaccination, he took no further precautions against the introduction of the infection into his family, and not one case occurred among them. He writes that he can enumerate at least forty families numbering about three hundred persons, where he was successful in vaccinating, among whom only six cases of small-pox occurred, and they all recovered. All these persons were exposed to the contagion more or less daily, as they would persist in visiting their stricken friends and in attending the funerals of the victims. The doctor also vaccinated the scholars and teachers in three public schools, consisting of about five hundred persons, and only one case occurred, that of a servant attached to one of the schools. "I can say," Dr. Terres writes, "that I did not find one death occurring in cases that had been properly vaccinated." These facts are very conclusive.

**TUNING FORK IN NEURALGIA.**—The Cincinnati Lancet and Clinic, quoting from Bolletuno della Societa Hancisiana, Roma, states that Dr. E. Rasvri uses the tuning fork in the treatment of neuralgic pains, applying its vibrating end over the course of the painful nerves. He reports the experiment of Boudet, who by means of the tuning fork, could check a neuralgia for some time. Boudet used the instrument in accordance with the ideas of Granville, who thought that as neuralgia consisted in a peculiar vibration in the nerve trunk it was necessary to induce different vibrations in the painful nerves. He mentions many other experiments from Bal, of Paris, and Renzer and Growers of London, where the application of the instrument was of benefit. The instrument was applied for from twenty to forty minutes, when the patient was relieved without further treatment. During the neuralgic attacks one of the women had suffered from vomiting, but after the relief from the application she was troubled no more in this way.

**THERAPEUTICS OF HYOSCYAMINE.** — Dr. Thomas Browne (British Med. Jour.) communicates the results of his experience with hyoscyamine in mania. His observations show the uncertainty of the action of hyoscyamine when given by the mouth, and the danger of large doses. They also show the marked superiority of the hypodermic method, and the confidence with which, in some cases, its effects would be calculated upon, and the dose increased or diminished in accordance with the violence of the patient. In hyoscyamine we have a drug which is often capable of controlling the violence of a furious maniac, and, it may be, checking the torrent of rushing ideas on which he is borne along, soothing without putting him to sleep, and in these respects differing from morphia or chloral. The quiet air of comfort and repose following a moderate dose, was such a contrast with the previous condition,



as to strongly impress every one with the feeling that by the introduction of hyoscyamine another valuable aid had been secured in the care and treatment of such cases.

**POLYGONUM HYDROPIPEROIDES.**—The Medical News calls attention to this old drug with the statement that American physicians seem hardly to appreciate the wealth of resources contained in our indigenous materia medica. The activity of this drug is said to be due probably to the presence of polygonic acid which is contained in its congener, polygonum hydropiper. It has very decided stimulant, even vesicating properties, when rubbed into the skin. Hence its common name is smartweed. As an emmenagogue, it is indicated in states of anæmia, functional torpor of the ovaries and uterus due to systemic depression and is contra-indicated in the condition of plethora. It should be given several days before the time for the menstrual molimen to begin. It need hardly be stated, that the non-existence of pregnancy should be assured before prescribing the drug.

**COLCHICIN IN RHEUMATISM.**—Dr. A. B. Hirsh reports the use of this old remedy in a case of acute muscular rheumatism (Medical Times). The patient had great pain and tenderness in the muscles of the calves of the legs, and the flanks on both sides. He was put upon salicylate of soda, but obtained no relief from it. After resorting to various means, it was resolved to use colchicin hypodermically. Accordingly five minims of an one-tenth per cent solution of Merck's colchicin were ordered to be injected into painful muscles, using the drug never oftener than three times, nor less than once daily. Marked improvement was evinced at once.

PROFESSOR VIRCHOW has in his laboratory, at Berlin, a collection of 6,000 skulls, representing all races and times.

## LOCAL.

THE last report of the Immigrant-Inspection Service, December 9th, contains some important matter relating to the immigrant introduction of small-pox in the United States. Dr. Rauch in the above report states that in reviewing the experience of the past six months' operations of the Immigrant-Inspection Service, in connection with the history of small-pox in Chicago for thirty-two years, and the testimony of leading health officials concerning the origin and spread of the epidemic of 1880-82 in the United States, the truth of the following propositions seems to be demonstrated: I. the immigrant is a prime factor in the origin and continuance of small-pox in the United States; on the one hand, even if protected himself, often being the bearer of the contagion in clothing and other effects; and, on the other, if unprotected, frequently becoming a victim to the disease and propagating it to others. II. Local effort and expenditure, either by States or municipalities, are inadequate to the control of small-pox in any given community or commonwealth, so long as the contagion and the material for the propagation of the contagion continue to be replenished by repeated accessions of unprotected or imperfectly protected immigrants. III. A continuous sanitary surveillance of immigrant travel, from the port of arrival to the point of ultimate destination, such surveillance to consist of repeated inspections, vaccination of all unprotected, systematic observation of suspicious sickness, prompt removal and isolation of discovered small-pox or other contagious cases, disinfection of baggage, clothing, cars, etc., is essential to supplement whatever preventive measures can be secured before embarkation, during the voyage, or at the port of arrival.

The proposition that "the immigrant is a prime factor in the origin and continu-

ance of small-pox in the interior," is based upon the following facts: 1. That the greater or less prevalence of small-pox in this country corresponds closely with the greater or less number of immigrants received, and with the existence of small-pox in the countries from which such immigrants come. 2. That small pox has re-appeared in the city of Chicago at nineteen different times, after periods of entire freedom from the disease; and in fourteen of these re-appearances it is positively known to have been introduced by immigrants, and to have spread directly among and from them. 3. That the first cases of the recent epidemic (1880-82) were either among immigrants or were contracted in localities already infected by immigrants, in upwards of seventy-five places in the State of New York; in Pittsburg, Pa.; in Cleveland, Ohio; In Detroit, Port Huron, East Saginaw, Reed City and many other places in Michigan; in Indianapolis, Michigan City, and other places in Indiana; in Chicago and twenty-eight counties (sixty-two times) in Illinois; in Milwaukee and elsewhere in Wisconsin; in St. Paul, Minneapolis, Stearns, Morrison and Wilkins counties, Minnesota; in Davenport and elsewhere in Iowa; in Omaha, Neb.; and in St. Louis, Kansas City and other points in Missouri.

The coincidence between the greater or lesser prevalence of small-pox and the greater or lesser immigration, is shown in a table of small-pox mortality in Chicago, covering nearly a third of a century, and which has been compiled from various sources.

The proposition that State or municipal effort or expenditure are inadequate to the control of small-pox during seasons of great immigration movement, also receives signal support from the history of the recent epidemic. Until the inauguration of the Immigrant-Inspection Service of the National Board of Health, June 1, 1882, soon after the arrivals of immigrants had reached their maximum, the average num-

ber of fresh importations of the disease, by immigrants, into Illinois, had been eight per month, there being nine in the month of May, exclusive of its almost daily introduction into Chicago, from which centre the infection was carried into over two hundred points, throughout the Northwest.

Notwithstanding the efforts of State and local boards of health, these had resulted in numerous outbreaks of the pestilence, which spread panic and alarm among the people, interrupted business, closed schools and churches, gave rise to quarantines, and involved a large expenditure of money in vaccinating, in caring for the sick, in the isolation and disinfection of premises, the destruction of infected clothing and other property, etc.

Since the inauguration of the Service, in June last, there has not been a single outbreak in Illinois due to immigrants, and only one case developed among the immigrants themselves, after coming within the purview of the Service.

Concerning the third and last proposition, to-wit: that a continuous surveillance of immigrant travel is necessary to supplement whatever other preventive measures can be secured before embarkation or during the voyage. The doctor states that his opinions of a year ago have undergone a material modification.

He then held that if immigrant passengers could be inspected and vaccinated on embarkation or during the early part of the voyage, there would be little or no necessity for inspection after landing. There is no existing authority, of course, to compel such pre-inspection and vaccination, but if the most perfect international quarantine legislation could be secured to this end, recent experience conclusively proves that even its bona fide enforcement would not protect the interior from contagion, for, owing to the nature of the disease, there would



be no remedy in certain cases, excepting the detention of immigrants upon embarking, for the full period of incubation.

DURING the past month an aggregate of twelve thousand five hundred and ninety-two immigrants arriving in the district were inspected, and two thousand nine hundred and thirty-three were vaccinated or revaccinated by the inspectors.

DURING November eighteen males and thirteen females were admitted to the County Insane Asylum. Three patients recovered their reason, and the same number were reported to have been improved. Nine deaths occurred and nine patients were sent to Kankakee. One inmate escaped. The patients in the hospital December 1st were four hundred and fifty-six, of which number one hundred and seventy-five were males and two hundred and eighty-one were females.

THE monthly report of the county infirmary for November shows: Remaining November 1st, five hundred and seventy-six; admitted, one hundred and sixty-two; discharged, eighty-three; died, sixteen. Remaining December 1st, six hundred and thirty-nine.

FACT STRANGER THAN FICTION.—The British Medical Journal, Nov. 25th, contains a communication by Dr. H. Davis to the effect that he was suddenly called to a case of labor and found that the child was born and was dead. He told the mother of the fact, but she stoutly denied it, as she said she had heard the child cry. She further said that she had moved away from the child in order that it might have air. The doctor found that the cord was wound about the child's neck, and had been the cause of death by strangulation. The case is instructive from the fact that under other circumstances the mother would probably have suffered the penalty of the law for infanticide.

## ORIGINAL CONTRIBUTIONS.

### RAPID LITHOTRITY.

BY EDMUND ANDREWS, M. D., LL. D

Professor of Clinical Surgery in the Chicago Medical College, Senior Surgeon of Mercy Hospital, &c. Read before the Chicago Medical Society, November 20, 1882.

Prof. Bigelow's proposition to finish lithotritry at one sitting struck most surgeons at first unfavorably, and myself with the rest. Having performed lithotritry always on Sir Henry Thompson's plan of allowing the presence of instruments in the bladder only a few moments at a time, I recoiled from the idea of inserting such immense lithotrites and tubes into such a sensitive organ and continuing to use them there for half or three-quarters of an hour.

Although accompanied with anæsthetics, such a procedure seemed harsh, and likely to provoke dangerous inflammation. But the man who refuses to yield a priori impression to the logic of experience is a fool. Bigelow's method is an unmistakable triumph, and though only a form of lithotritry, it is such a valuable modification as almost to reconcile one to his unnecessary Greek name for it, Litholapaxy (literally, stone evacuation). Still it is not a new operation, but only a modified way of performing an old one, and our clumsy nomenclature ought not to be burdened by the new technical term.

Within the last few months I have tried this method four times, and with such obvious advantage as to be most favorably impressed. The following are my notes on the cases:

CASE 1.—June 24, 1882. — Patient a young man, in fair condition. Preliminary measurement by lithotrite shows the diameter of the stone to be one and a half centimetres. Gave ether and operated by the rapid method, slitting the meatus to make room for the large instruments. Time of operation, twenty minutes. I found Bigelow's lithotrite, with its broad blades, to comminute the stone with wonderful rapidity, and the great tubes (size No. 30 French catheter scale) pumped out the gravel with surprising ease. Second day—No shock; patient out of bed, and says he is quite well. Refuses to lie down. Third day—Patient disobedient and went out of doors. No inflammation. Fourth day—Ditto. Pulse 88. Fifth day—Ditto. Tenth day



—Patient cannot be kept still. Declares he is perfectly well. Discharged cured.

CASE SECOND.—March 20, 1882. Patient's age about 32; male. Gave ether and operated by rapid method. Time of operation about thirty-eight minutes. Urethra too small to pass Bigelow's large tubes, but admitted his lithotrite; size of tubes about twelve, English catheter scale (about twenty French). Preliminary measurement gave the diameter of the stone as three and one-half centimetres, (over an inch). The moderate size of Clover's tubes retarded the evacuation of the gravel, but this was unavoidable, because the circumstances did not admit of delaying the operation long enough to gradually dilate the urethra. Second day. Slight fever, temp.  $99\frac{1}{2}^{\circ}$  F.; gave morphia and aconite. Third day. Doing well, no fever. Fourth day. Doing well; insists on walking about. Fifth day. Doing well; daily getting better. Fifteenth day. Discharged cured.

CASE THIRD.—September 18, 1882. Male, age thirty; fair condition. Preliminary measurement of stone shows diameter about two centimetres. After three days preliminary treatment with quinine, I gave ether, and performed rapid lithotripsy. Time of operation about thirty minutes. Stone phosphatic. Used the large instruments, slitting the meatus to admit them. Second Day. Doing well; some pain. Used anodynes. Third day. Doing well. Wants to get up and go out of doors; forbidden to do it. Fourth day. Doing well. Allowed to sit up. Eighth day. Came to my office a mile and a half to see me. A slight catarrh of the bladder continued a week or two, and ceased when he was discharged from treatment, cured.

These three cases are not enough to prove any general rule, but they serve as illustrations of the quick and easy recovery generally following this operation, and they tend to confirm the similar experience of Van Buren, Keyes and Sir Henry Thompson. However, there are limits to the application of this method, and the following case shows that it may fail.

CASE FOURTH.—October 4, 1882. The patient was sixty-six years of age, and badly broken down by his vesical disease. The bladder was contracted, indurated and felt ridgy and rough on its inner surface. The prostate gland was much enlarged. The stone was phosphatic and about four centimetres in diameter.

At this age the cutting operation is fol-

lowed by the death of almost half the patients, and taking the broken condition of the health, and the large size of the stone into consideration, I estimated his chance of living after cutting would be only one in three.

The case being therefore rather desperate, I judged that litholapaxy would be no worse, and might have some chance of being better, than lithotomy.

Ether was administered, and the operation performed with Bigelow's large instruments in forty minutes. The shock was only moderate, and reaction occurred easily. The next day there was a good deal of pain with retention of urine, relieved by anodynes and a soft catheter.

The pre-existing cystitis was aggravated by the operation, and the temperature rose to  $102^{\circ}$  F.; but by the use of antiseptic and anodyne injections, with suitable treatment of other kinds, it gradually subsided, and thirty days after the operation, the old man seemed likely to recover. Soon afterwards, however, there was an attack of pneumonia on the right side, which, though not severe, seemed to tell heavily on his weakened powers, and he grew worse again, and died about six weeks after the operation.

This case impressed me at first as progressing better than similar ones usually do after lithotomy, but still the stone was large, and it is difficult to decide whether the risk of lithotomy would have been less or greater. As the stones increase in size the superiority of lithotomy grows less, and at a magnitude not yet determined, ceases altogether; but in small stones the risk of the operation is comparatively trifling, and in many cases almost nothing.

Bigelow's plan offers three striking advantages, which at first I did not fully appreciate, but which I now see to be very important.

1. The sharp, irritating fragments of the stone are removed at once from the bladder and do not lie there for days, kindling up an exasperating inflammation.

2. The broad jaws of Bigelow's lithotrite require only about one-half as many movements to obtain a given degree of comminution as does Thompson's instrument, and at the same time his great tubes will take out fragments about three times as large as Clover's tubes, so that far less comminution is required. It results from these facts that with Bigelow's instruments the total amount of manipulation of the



apparatus in the bladder is probably less than a quarter of that required by the older armamentarium, a fact of the greatest importance to the patient's safety.

3. Bigelow's lithotrite has its female blade so much longer and broader than the male, that it fends off the folds of the bladder and rarely ever catches the membrane in its grasp. This saves the bladder from injury, and facilitates rapid work.

There is an incidental benefit from this operation which is this: Formerly a calculus patient in the country, wishing to send to a large city for a surgeon, could have nothing but lithotomy, because the crushing required a prolonged attendance, and often numerous sittings. Now the surgeon can carry both sets of instruments with him, and having examined the patient, can give him the benefit either of lithotomy or lithotrity, as he finds the condition to require.

It is not always possible to use the largest size of instruments, hence I have three sets of tubes of the sizes 20, 25 and 30, of the French scale. Lithotrites of various sizes are also required.

The statistics of Litholapaxy are not well settled. On writing, recently, to Prof. Bigelow, he answered that he was unable to give any figures of value. Sir Henry Thompson has performed the operation nearly or quite a hundred times. His own words in reporting his results are slightly ambiguous, but taking them as they seem to mean, and adding the cases of myself, Van Buren, Keys and others, we have a mortality of only about four per cent., or if we throw out the ambiguously stated portion of Thompson's cases, the mortality will be still less than six per cent, while that of lithotomy in adults varies with the ages of patients from fourteen to forty per cent.

In looking, however, at this great difference in results, we must remember that the best cases are selected for lithotrity, and consequently that part of the superiority is due to this selection; still this does not account for the whole advantage. Sir Henry Thompson performed lithotrity sixty or seventy times for persons with very small stones, without a single death, though the patient averaged about sixty years of age. It is evident, at a glance, that this number of old men could not have been cut, however small the stones,

without a considerable number of deaths. The truth is that with very small stones and modern improved instruments, the operation is a mere trifle, almost comparable to passing a catheter, so that in such cases we must suppose crushing to be necessarily a much less formidable proceeding than the great operation of lithotomy.

No. 6, 16th St., Chicago.

CHLORHYDRATE OF AMMONIUM IN DIABETES.—Adamkiewicz (Rev. de Therap.) believes that protein, the fundamental substance of the organization, may be regarded as comprised of sugar and ammonia, less some elements of water and oxygen. Consequently, (Med. Progress), if one could fix the excess of sugar present in the diabetics by means of ammonia, it would furnish a chemical physiological treatment of the disease. In his first series of experiments made on healthy men in the Berlin Charite, he arrived at the following conclusions: The chlorhydrate of ammonium is not decomposed in the intestinal tube of healthy men. A greater part of the ammonia absorbed with the chlorhydrate, disappeared in the urine in the form of albumen. The chlorhydrate of ammonium acts in the healthy body about in the same way as does the chloride of sodium: it dehydrates the tissues and favors the decomposition of albumen. The decomposition of albumen and the excretion of albumen do not advance in parallel lines. In his second series of experiments made on diabetics, he found that the ammonia disappeared rapidly, and that this assimilation coincided with a disappearance of sugar, and in slight cases, excretion of sugar might be entirely suspended. When the sugar does not disappear, the ammonia absorbed into the system of the diabetic neither increases the quantity of water nor of urea; while when the sugar is absent, the excretion of water is greatly augmented, providing that part of the ammonia is transformed into urea, and as such eliminated.



## CORRESPONDENCE.

## PHILADELPHIA LETTER.

*Northern Medical Association of Philadelphia—  
Grave Robberies at Lebanon Cemetery—  
Meeting of the Pathological Society—  
Jefferson Medical College—Garfield  
Fund-Veterinary School at  
the University.*

PHILADELPHIA, Dec. 12, 1882.

At a stated meeting of the Northern Medical Association of Philadelphia, Dr. J. G. Heilman read an exhaustive paper on suppuration of the middle ear. He called attention to the numerous causes of this affection, as cold air or water through the Eustachian tube, bathing in the ocean, diving, general exposure to cold, the nasal douche, dentition, puncture of the membrane by pins, etc. He also called attention to the fact that it is a sequela of a number of diseases. After dwelling upon the most prominent symptoms, he directed attention to the diagnosis in children. When a child persistently screams and is feverish, it is well before pronouncing it colic, to examine the ears. A little pressure over the ante-tragus will usually develop, by the pain it elicits, any inflammatory action. The speaker enjoined moderation in all applications to the ear.

Dr. Montgomery narrated to the Association the following interesting history: A patient late in life began to suffer from megrim. Neuralgic headaches began to occur quite frequently. In about two years there appeared a well marked vertigo with an inclination to fall to the right. During an attack of cephalalgia, the patient became auto-unconscious, and would remain in a stupor unless aroused by some one, when questions were answered rationally, although the man relapsed into his former condition as soon as the excitation ceased. It was supposed that the trouble was a fatty heart. It was also supposed that the condition was caused by cerebral neoplasm. Thirty years previous to the history as given, a chancre had been contracted, but there had been no constitutional phenomena. This fact threw a new light on the disease. A treatment appropriate for syphilitic meningitis was instituted at once, and the result was most happy.

Much excitement and indignation has been raised, especially among the colored people, by the discovery that for years a

systematic robbery of graves has been going on at Lebanon Cemetery. At more than one medical college here, when the question is raised as to where the subjects for dissection are obtained, the information gained has always been the same, namely, that nobody knows. The bodies are supposed to be obtained, some of them from the alms-house, some from the morgue, and the rest from hospitals, etc., and from whatever source it is possible to obtain those with no one to claim their remains. The trouble appears to center around Jefferson Medical College. The Dean has called upon the Chief of Police to guard the college property, so that mob outrages may not be committed. In order that the supply of material for dissection be not wanting in the various colleges, it is necessary that many hundreds of subjects be obtained in the course of the term. It has always been a subject of wonder that there were so many unclaimed paupers. It is to be hoped that the matter may soon be peaceably settled and that the offenders only be punished.

At the last stated meeting of the Pathological Society, Dr. James Tyson in the chair, Dr. T. Eskridge presented a more than ordinarily interesting case of abscess of the liver following arrest of the menstrual discharge from cold. There were also present, pyaemic abscesses of the lung and spleen, perforation of the bowel, and severe heart complications. The point at issue was whether the abscess of the liver was secondary to that about the caput coli or had been the primary affection. The clinical features were as follows: deep and early jaundice, followed exposure to cold, there was pain in the right side of the abdomen, attended by fever and gastric irritability for a few days' duration. There was then an intermission of a week, during which she was able to work. After which time the patient rapidly lost flesh and appetite, and was confined to her bed. Ten days before death intense tympany developed, associated with flexion of the right thigh upon the abdomen. The hepatic suppuration was confined to the right side of the right lobe. All the smaller abscesses communicated directly with the large one. The left lobe of the liver was healthy.

Dr. A. C. W. Beecher presented the tongue and larynx of a case of leprosy. The lesions so closely resembled syphilis that almost anyone who had not had an



opportunity to study leprosy would mistake a case of the kind and diagnose it as syphilis.

At the Jefferson Medical College, Dr. J. Solis Cohen has been elected by the trustees as Professor of Laryngology. The trustees have also elected Drs. Joseph Hearn and Oscar H. Allis to the surgical staff of the hospital, to fill the vacancies caused by the resignations of Professors J. H. Brinton and S. N. Gross.

The unseemly wrangling over the bills for medical attendance upon President Garfield has at last come to an end. Dr. Bliss has been awarded six thousand five hundred and Drs. Agnew and Hamilton each five thousand dollars. A good lawyer in attendance upon a suit requiring as much time and involving as much responsibility as the present cases, would consider himself as barely paid should he receive a sum five times that which was awarded to any one of the gentlemen who waited upon our President.

The Veterinary School in connection with the University of Pennsylvania begins to have something of reality about it. Not long ago Mr. J. B. Lippincott contributed ten thousand dollars towards the establishment of this school, and at the last meeting of the board of trustees it was announced that Mr. Gillingham had subscribed a like amount. C.

A NEGRO BOY in Jeffersonville, Ind., who has not been away from home for six weeks, is down with the small pox, and the attending physician is accused of expressing the belief that the disease was communicated to him by a mosquito which had nipped a small pox patient in Louisville, Ky., and afterwards bitten the boy.

### BOOK REVIEWS.

THE DISEASES OF THE LIVER, with and without Jaundice, with the special application of Physiological Chemistry to the Diagnosis and Treatment. By Geo. Harley, M. D., F. R. S., London. P. Blakiston, Son & Co., Philadelphia; W. T. Keener, Chicago. 1882.

This handsome volume of seven hundred and fifty pages is the embodiment of the study and experience of its learned author

upon diseases of the liver. Twenty years have passed since Dr. Harley published his first work on this subject. The above work is the result of mature thought, and is an amplification of the first monograph, but sustains the same relation to it as does the full-grown and developed adult to a child.

The book is illustrated by two chromolithographs and thirty-six wood cuts. These last do not compare favorably with the general style of the book, which is substantial in every particular.

The special object kept before Dr. Harley in writing his work was to carry the study of disorders and derangements of the liver away from the field of speculation and myth, and to apply to them those principles of physiology and pathology which go to make the study a science. The physical means of diagnosing pulmonary, cardiac, and renal diseases has grown rapidly in the past twenty years, but most physicians have no means for diagnosing hepatic disease with any more certainty than they had a half century ago. To meet this want is the object of Dr. Harley.

The first chapter is taken up with general remarks. The second is a clearly worded and careful resumé of the chemistry, physics and physiology of the liver. He then gives an exhaustive study of jaundice, and the signs and symptoms of hepatic disease.

From page one hundred and fifteen onward for ten pages, will be found the facts connected with the action of mercury on the liver. Here are collected together all the ideas, both the apparent conflicting and discordant facts as to the cholagogue action of mercury and the disconnected facts gathered by many observers in past years. Here will be found as in no other book, all these facts digested and harmonized. In speaking of the action of mercury, Dr. Harley calls attention to the illogical way in which writers use excrete and secrete when speaking of the bile. The theory as proposed for the action of mercury on the liver is not only scientific but ingenious. Any one who commences to read this section of the book will finish the chapter.

So long as Dr. Harley keeps to his text one can hardly doubt the truth of his statements; but, when, as on page one hundred and thirty-two he pretends to give a list of "more or less infallible specifics" for various diseases one cannot but



smile. The remainder of the fifth chapters is occupied with a discussion of the various therapeutic agents which have been and are to be used in hepatic disease.

Chapter sixth contains a careful and scholarly study of that vague disease, biliousness. The remainder of the book, with the exception of the last chapter, is devoted to a study, including the diagnosis and treatment, of the various forms of liver disease.

The last chapter is perhaps the most useful in this useful book. It contains hints to aid in the diagnosis and prognosis of diseases of the liver.

It is safe to say that this book holds a place by itself in medical literature. It will be worth many times its cost to any physician treating hepatic troubles, and what physician is not? An extensive sale is predicted for this work.

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THE MEDICAL RECORD VISITING LIST OR PHYSICIANS' DIARY for 1883. New York, Wm. Wood & Co.

The Visiting List for the coming year is more than usually handsome in its appearance. It is of convenient size for the pocket and fully sustains the reputation of Messrs. Wood & Co. for care and general excellence in all their publications. The List can be recommended to members of the profession who desire their diaries to be not only useful, but ornamental. The effort has been made on the part of the publishers to exclude everything which would be found unnecessary in a physician's memorandum, and to make it as compact as possible.

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### THE ARMY.

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OFFICIAL LIST OF CHANGES of stations and duties of officers of the Medical Department U. S. Army, from November 28, 1882, to December 12, 1882:

Moore, John, Major and Surgeon, the extension of leave of absence granted November 3, is further extended one month. (Par. 4, S. O. 283, A. G. O., Dec. 6, 1882.)

Caldwell, Daniel G., Captain and Assistant Surgeon; leave of absence in Special Orders, No. 105, October 3, 1882, Department of the Platte, extended three months. (S. O. 279, A. G. O., Dec. 1, 1882.)

Crampton, Louis W., Captain and Assistant Surgeon, granted four months' leave of absence. (S. O. 280, A. G. O., Dec. 2, 1882.)

Gorgas, W. C., Assistant Surgeon, relieved from duty at Fort Brown, Texas, and will accompany the 19th Infantry to Forts Clark and Duncan, Texas. Their future stations will be announced. (S. O. 130, Dept. of Texas, Nov. 27, 1882.)

Maddox, T. F. C., Assistant Surgeon, relieved from duty at Fort Brown, Texas, and will accompany the 19th Infantry to Forts Clark and Duncan, Texas. Their future stations will be announced. (S. O. 130, Dept. of Texas, Nov. 27, 1882.)

Powell, J. L., Asst. Surgeon. Relieved from temporary duty as attending surgeon at Headquarters Department of Texas, and to proceed to Fort Davis, Texas, and report to the commanding officer for duty. S. O. 129, Dept. of Texas, Nov. 23, 1882.

Reed, Walter, Captain and Asst. Surgeon. Assigned to duty as attending surgeon Headquarters Dept. of the Platte. Par. 2, S. O. 127, Dept. of the Platte, Dec. 4, 1882.

Taylor, Marcus E., Captain and Asst. Surgeon. The leave of absence granted Aug. 14, 1882, is extended two months. Par. 6, S. O. 283, A. G. O., Dec. 6, 1882.

Gray, William W., First Lieut. and Asst. Surgeon. The leave of absence granted on surgeon certificate of disability, October 31, 1882, Dept. of the South, is extended five months on surgeon's certificate of disability. Par. 3, S. O. 270, A. G. O., Nov. 29, 1882.

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### BOOKS AND PAMPHLETS.

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John B. Roberts, M. D., Philadelphia. Excision of Cartilage in Nasal Obstruction due to Deviated Septum. Reprinted from Transactions of Pennsylvania State Medical Society.

Rulings and Decision and Mode of Procedure under the Medical Practice Act.

Annual Report of the Surgeon-General, United States Army, 1882.

Medical Colleges. Advance Sheets from Fourth Annual Report, Illinois State Board of Health.

E. Fletcher Ingalls, A. M., M. D., Chicago. Deflection of the Septum Narium. Reprinted from the Archives of Laryngology, Vol. III, No. 4, Oct., 1882.

D. W. Bliss, M. D., Washington, D. C. Feeding per Rectum, as Illustrated in the Case of the Late President Garfield and Others. From the Medical Record, New York, July 15, 1882.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1882. Washington: Government Printing Office, 1882.











